

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
BOB BRADY FOR CONGRESS

ADDRESS (number and street) 2000 Market Street Suite 500
 Check if different than previously reported. (ACC)
PHILADELPHIA PA 19103

2. **FEC IDENTIFICATION NUMBER** C00333740
CITY **STATE** **ZIP CODE**
STATE DISTRICT PA 1
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 07 01 2005 through 09 30 2005

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 Richard J Maccarone

Signature of Treasurer Electronically Filed by Richard J Maccarone Date 07 12 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

BOB BRADY FOR CONGRESS

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 205300.00 | 231050.00 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 2000.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 205300.00 | 229050.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 17191.03 | 109942.83 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 127.95 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 17191.03 | 109814.88 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 841111.91 | |
| 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 contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
BOB BRADY FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

126725.00

145225.00

(ii) Unitemized.....

2400.00

2500.00

(iii) TOTAL of contributions

129125.00

147725.00

from individuals..... ▶

100.00

100.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

76075.00

83225.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

205300.00

231050.00

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

127.95

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

4045.93

11649.98

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

209345.93

242827.93

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 17191.03 | 109942.83 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 2000.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 2000.00 |
| 21. OTHER DISBURSEMENTS..... | 34955.00 | 50455.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 52146.03 | 162397.83 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 683912.01 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 209345.93 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 893257.94 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 52146.03 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 841111.91 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 79 |
| | <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. AFT PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 |
| Mailing Address 555 New Jersey Avenue NW | | Transaction ID: 51013.C1951 |
| City State Zip Code Washington DC 20001-2029 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 5000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Asbestos Workers PAC | | Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2005 |
| Mailing Address 9602 M.L. King Highway | | Transaction ID: 51013.C1917 |
| City State Zip Code Lanham MD 20706 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Barrack, Rodos&Bacin PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005 |
| Mailing Address Two Commerce Square 2001 Market Stret | | Transaction ID: 51013.C1920 |
| City State Zip Code Philadelphia PA 19103 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 79 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Blue PAC Mailing Address P.O. Box 60710 City State Zip Code Harrisburg PA 17106-0710 | | Date of Receipt M M / D D / Y Y Y Y 09 30 2005 Transaction ID: 51013.C1950 Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Boilermakers-Blacksmiths PAC Mailing Address 753 State Avenue Ste 565 City State Zip Code Kansas City KS 66101-2511 | | Date of Receipt M M / D D / Y Y Y Y 08 22 2005 Transaction ID: 51013.C1914 Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Boilermakers-Blacksmiths PAC Mailing Address 753 State Avenue Ste 565 City State Zip Code Kansas City KS 66101-2511 | | Date of Receipt M M / D D / Y Y Y Y 09 23 2005 Transaction ID: 51013.C1995 Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 79 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Brad Moss For Judge | | Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005 | |
| Mailing Address 260 South Broad Street 4th Floor | | Transaction ID: 51013.C1899 | |
| City Philadelphia State PA Zip Code 19102 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 25.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bricklayers & Allied PAC | | Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005 | |
| Mailing Address 2706 Black Lake Place | | Transaction ID: 51013.C1854 | |
| City Philadelphia State PA Zip Code 19154-1008 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Carpenters Legislative Improvement Comm | | Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2005 | |
| Mailing Address 101 Constitution Avenue NW | | Transaction ID: 51013.C1796 | |
| City Washington State DC Zip Code 20001 | | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 5000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6025.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 79 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) Committee To Elect Leon Tucker | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 5 | |
| Mailing Address Suite 1300 42 South 15th Street | | Transaction ID: 51013.C1916 | |
| City Philadelphia State PA Zip Code 19103 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Election Cycle-to-Date 1000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) Committee To Elect Lynne Abraham | | Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 5 | |
| Mailing Address 8660 Belfry Drive | | Transaction ID: 51013.C1843 | |
| City Philadelphia State PA Zip Code 19128 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Election Cycle-to-Date 1000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) Committee To Elect Lynne Abraham | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5 | |
| Mailing Address 8660 Belfry Drive | | Transaction ID: 51013.C1987 | |
| City Philadelphia State PA Zip Code 19128 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Election Cycle-to-Date 1050.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2050.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 79 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dilworth Paxson

Mailing Address 3200 Mellon Bank Center
1735 Market Street

City Philadelphia State PA Zip Code 19103-7596

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 5

Transaction ID: 51013.C1907

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donatucci 2007 Committee

Mailing Address 1616 South Broad Street

City Philadelphia State PA Zip Code 19145

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 5

Transaction ID: 51013.C1861

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Electrical Construct PAC

Mailing Address 3 Bethesda Metro Center

City Bethesda State MD Zip Code 20814

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 5

Transaction ID: 51013.C1927

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 79 |
| | <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Exelon PAC

Mailing Address P.O. Box 805379

City State Zip Code
Chicago IL 60680-5379

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2005

Transaction ID: 51013.C1859

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Frank G Canty

Mailing Address 9 Courtney Circle

City State Zip Code
Bryn Mawr PA 19010-3704

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

Name of Employer Occupation
Self-Employed ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: 51013.C1823

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Friends of Brendan Boyle

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2005

Transaction ID: 51013.C1979

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2050.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 11 / 79 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hill PAC

Mailing Address **200 Eagle Road
Suite 308**

City **Wayne** State **PA** Zip Code **19087**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2005

Transaction ID: 51013.C1889

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
I.B.E.W.-C.O.P.E. PAC

Mailing Address **900 Seventh Street NW**

City **Washington** State **DC** Zip Code **20001**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2005

Transaction ID: 51013.C1919

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
I.U.P.A.T Council 21 PAC

Mailing Address **2890 Southhampton Road**

City **Philadelphia** State **PA** Zip Code **19154**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2005

Transaction ID: 51013.C1905

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 11000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 12 / 79 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
IAFF PAC

Mailing Address 1750 New York Avenue NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 22 / 2005

Transaction ID: 51013.C1915

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Iron Workers #401 PAC

Mailing Address 11600 Norcom Road

City State Zip Code
Philadelphia PA 19154

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 22 / 2005

Transaction ID: 51013.C1908

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
J.P.Morgan Chase PAC

Mailing Address 230 Park Avenue
21 ST Floor

City State Zip Code
New York NY 10169

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1847

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 8000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 79 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Jeremy Alvarez | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2005 | |
| Mailing Address 260 South Broad Street | | Transaction ID: 51013.C1848 | |
| City State Zip Code Aston PA 19014 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Vollmer Associates LLP | Occupation Director of Planning | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Klett,Rooney,Lieber& PAC | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2005 | |
| Mailing Address 1 Oxford Centre 40th Floor | | Transaction ID: 51013.C1921 | |
| City State Zip Code Pittsburgh PA 15219 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Laborers Political League | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2005 | |
| Mailing Address 905 Sixteenth Street NW | | Transaction ID: 51013.C1794 | |
| City State Zip Code Washington DC 20006 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 79 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lockheed Martin PAC

Mailing Address 1550 Crystal Drive
Crystal Square Two Suite 300

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2005

Transaction ID: 51013.C1993

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Matthew G Cummings

Mailing Address 417 Waverly Road

City Wyncote State PA Zip Code 19095-1211

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

Name of Employer Occupation
DMJM HARRIS VICE PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2005

Transaction ID: 51013.C1816

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
MSC PAC

Mailing Address P.O. Box 594

City Youngstown State OH Zip Code 44501-0594

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2005

Transaction ID: 51013.C1891

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 15 / 79 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Pa Gasoline Retailers Assoc PAC

Mailing Address 906 Rhawn Street

City Philadelphia State PA Zip Code 19111-2627

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: 51013.C1822

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Parsons Brinckerhoff PAC

Mailing Address One Penn Plaza

City New York State NY Zip Code 10119

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1838

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PBS & J PAC

Mailing Address 303 Mary Lane

City Canonsburg State PA Zip Code 15317

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2005

Transaction ID: 51013.C1856

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 16 / 79 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| A. Full Name (Last, First, Middle Initial) Pilots Society PAC Mailing Address PO Box 37479 City Philadelphia State PA Zip Code 19148-7479 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 51013.C1909 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 2 | 2 | | 2 | 0 | 0 | 5 | 2000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 2 | 2 | | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2000.00</td> </tr> </table> | | 2000.00 | | | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| B. Full Name (Last, First, Middle Initial) Plumbers Union #690 PAC Mailing Address 2791 Southampton Road City Philadelphia State PA Zip Code 19154 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 51013.C1911 Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 2 | 2 | | 2 | 0 | 0 | 5 | 5000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 2 | 2 | | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>5000.00</td> </tr> </table> | | 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| C. Full Name (Last, First, Middle Initial) Plumbers Union #690 PAC Mailing Address 2791 Southampton Road City Philadelphia State PA Zip Code 19154 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 51013.C1910 Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 2 | 2 | | 2 | 0 | 0 | 5 | 5000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 2 | 2 | | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>10000.00</td> </tr> </table> | | 10000.00 | | | | | | | | | | | | | | | | | | | | | |
| 10000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 12000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 17 / 79 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Reinforced Ironworkers Riggers Move PAC

Mailing Address 2433 Reed Street

City Philadelphia State PA Zip Code 19146

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 0 | / | 2 | 0 | 0 | 5 |

Transaction ID: 51013.C1815

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Reinforced Ironworkers Riggers Move PAC

Mailing Address 2433 Reed Street

City Philadelphia State PA Zip Code 19146

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 2 | 2 | / | 2 | 0 | 0 | 5 |

Transaction ID: 51013.C1904

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Scott T Gallaher

Mailing Address 443 Rolling Hills Road

City Ruffs Dale State PA Zip Code 15679

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

Name of Employer Site Blauvelt Engineers Occupation Senior Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 0 | 2 | / | 2 | 0 | 0 | 5 |

Transaction ID: 51013.C1855

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 79 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Southwest Airlines Freedom Fund

Mailing Address P.O. Box 36611 HDQ 4GA

City State Zip Code
Dallas TX 75235

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 05 / 2005

Transaction ID: 51013.C1863

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Sprinkler Fitters692 PAC

Mailing Address 14002 Mc Nulty Road

City State Zip Code
Philadelphia PA 19154-3023

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2005

Transaction ID: 51013.C1968

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Teamsters Local 107 PAC

Mailing Address 2845 Southhampton Road

City State Zip Code
Philadelphia PA 19154

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2005

Transaction ID: 51013.C1986

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 79 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|---|---|--|
| A. Full Name (Last, First, Middle Initial) Transcore Holdings PAC | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2005 |
| Mailing Address Liberty Centre 8158 Adams Drive | | Transaction ID: 51013.C1842 |
| City Hummelstown State PA Zip Code 17036 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation | Election Cycle-to-Date ▼ 2000.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2000.00 | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Transport Workers234 PAC | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2005 |
| Mailing Address 2233 Spring Garden Street | | Transaction ID: 51013.C1991 |
| City Philadelphia State PA Zip Code 19130 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation | Election Cycle-to-Date ▼ 150.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 150.00 | |

| | | |
|---|---|--|
| C. Full Name (Last, First, Middle Initial) United Food &Comm Wk PAC | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2005 |
| Mailing Address 1775 K Street NW | | Transaction ID: 51013.C1918 |
| City Washington State DC Zip Code 20006-1598 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation | Election Cycle-to-Date ▼ 5000.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 5000.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 7150.00 |
| TOTAL This Period (last page this line number only) | 76075.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

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

Mailing Address 205 Lungan Road

City State Zip Code
New Hope PA 18938

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

Name of Employer Occupation
Anderson Construction CONSTRUCTION

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 05 / 2005

Transaction ID: 51013.C1883

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 10137 Evans Ford Road

City State Zip Code
Manassas VA 20111-2624

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: 51013.C1799

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Francis Baisch

Mailing Address 10107 Evans Ford Road

City State Zip Code
Manassas VA 20111-2624

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: 51013.C1800

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 21 / 79 |
|--|--|--------------|

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kenneth L Baritz

Mailing Address **1218 CHESTNUT STREET
SUITE 404**

City **Philadelphia** State **PA** Zip Code **19107**

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

Name of Employer **FEINBERG AND BARITZ** Occupation **ATTORNEY**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 0 | / | 2 | 0 | 0 | 5 |

Transaction ID: 51013.C1813

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas F Beach Jr

Mailing Address **1650 Glassboro Road**

City **Sewell** State **NJ** Zip Code **08080**

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

Name of Employer **Remington & Vernick** Occupation **ENGINEER**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 5 |

Transaction ID: 51013.C1831

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
GABRIEL L. I. BEVILACQUA

Mailing Address **1000 SUSAN ROAD**

City **Philadelphia** State **PA** Zip Code **19115**

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

Name of Employer **Saul Ewing LLP** Occupation **LAWYER**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 5 |

Transaction ID: 51013.C1836

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GABRIEL L. I. BEVILACQUA

Mailing Address 1000 SUSAN ROAD

City Philadelphia State PA Zip Code 19115

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

Name of Employer Saul Ewing LLP Occupation LAWYER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2005

Transaction ID: 51013.C1912

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William R Bremner

Mailing Address 924 Rivergate Court

City Millersville State PA Zip Code 17551

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1866

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Laurence H. Brown

Mailing Address 1014 Carriage Lane

City Huntingdon Valley State PA Zip Code 19006

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

Name of Employer BROOKMEN ROSENBERG & SANDLER Occupation LAWYER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2005

Transaction ID: 51013.C1853

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William P Brown

Mailing Address 34 Derbyshire Drive

City State Zip Code
Carlisle PA 17013

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

Name of Employer Dewberry Occupation Consulting Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1867

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Emil F Bucceroni

Mailing Address 2020 Walnut Street

City State Zip Code
Philadelphia PA 19103

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

Name of Employer Seafood Assoc Occupation ADMINISTRATOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1872

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stuart M Burgh Sr

Mailing Address 136 Strawberry Way

City State Zip Code
Rehoboth Beach DE 19971

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

Name of Employer Retired Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1829

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Peter G Capizzi

Mailing Address 5214 Karrington Drive

City State Zip Code
Gibsonia PA 15044

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

Name of Employer Occupation
Wilbur Smith Associates ENGINEER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1825

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kanwal P Chopra

Mailing Address 122 Green Valley Lane

City State Zip Code
Canonsburg PA 15317

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

Name of Employer Occupation
Ages Inc Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1868

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 489 Bristol Pike

City State Zip Code
Bensalem PA 19020

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

Name of Employer Occupation
CHICKIE & PETES RESTAURANT Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2005

Transaction ID: 51013.C1887

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert J Ciaruffoli

Mailing Address 2 Penn Center Plaza
Suite 1800

City Philadelphia State PA Zip Code 19102

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

Name of Employer Parente & Randolf Occupation Accountant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2005

Transaction ID: 51013.C1922

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 341 Tom Brown Road

City Moorestown State NJ Zip Code 08057

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

Name of Employer Trufit Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1832

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 202

City Cheltenham State PA Zip Code 19012-0202

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

Name of Employer Keystone Outdoor Adver. Co Inc Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2005

Transaction ID: 51013.C1858

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

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

Mailing Address 3600 Conshohocken Avenue
Apt 207

City Philadelphia State PA Zip Code 19131

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2006.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2005

Transaction ID: 51013.C1982

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DAVID L. COHEN

Mailing Address 7 West Sunset Avenue

City Philadelphia State PA Zip Code 19118

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

Name of Employer Comcast Corporation Occupation Executive Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2006.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2005

Transaction ID: 51013.C1795

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DAVID L. COHEN

Mailing Address 7 West Sunset Avenue

City Philadelphia State PA Zip Code 19118

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

Name of Employer Comcast Corporation Occupation Executive Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2006.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2005

Transaction ID: 51013.C1864

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2200.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stephen A Cozen

Mailing Address 1230 Mt Pleasant Road

City Villanova State PA Zip Code 19085

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

Name of Employer Cozen & OConner Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2005

Transaction ID: 51013.C1808

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael G Crofton

Mailing Address 1740 East Willow Grove Avenue

City Glenside State PA Zip Code 19038

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

Name of Employer Philadelphia Trust Co Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2005

Transaction ID: 51013.C1820

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Edward M DALba

Mailing Address 376 Bair Road

City Berwyn State PA Zip Code 19312

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

Name of Employer Urban Engineers Inc Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1873

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ilka B Davis

Mailing Address 706 Jackson Street

City Falls Church State VA Zip Code 22046

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: 51013.C1803

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Marsden S Davis

Mailing Address 706 Jackson Street

City Falls Church State VA Zip Code 22046

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: 51013.C1802

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John De Persio

Mailing Address

City State Zip Code

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

Name of Employer Self-Employed Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2005

Transaction ID: 51013.C1955

Amount of Each Receipt this Period
1125.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John De Persio

Mailing Address

City State Zip Code

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

Name of Employer Self-Employed Occupation
ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3125.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2005

Transaction ID: 51013.C1952

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Nancy De Persio

Mailing Address

City State Zip Code

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

Name of Employer None Occupation
Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2005

Transaction ID: 51013.C1954

Amount of Each Receipt this Period
1125.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Nancy De Persio

Mailing Address

City State Zip Code

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

Name of Employer None Occupation
Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3125.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2005

Transaction ID: 51013.C1953

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5125.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frank T Deangelis

Mailing Address 27 Coquille Beach Drive

City State Zip Code
Brigantine NJ 08203

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2005

Transaction ID: 51013.C1985

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1750 Walton Road

City State Zip Code
Blue Bell PA 19422

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

Name of Employer DePaul Group Occupation Contractor/Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1852

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
ELEANOR M. DEZZI

Mailing Address 8660 BELFREY DRIVE

City State Zip Code
Philadelphia PA 19128-1920

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

Name of Employer Dezzi Group Occupation Political Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1844

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Eugene Dinnocenti

Mailing Address 1133 East Wilson Street

City State Zip Code
Pottstown PA 19464

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

Name of Employer Information Requested Occupation Information Requested
Old Glory Asset Management LLC President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1841

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John J Dougherty

Mailing Address 5 Mill Drive Road

City State Zip Code
Malvern PA 19355-3515

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

Name of Employer Information Requested Occupation Information Requested
Old Glory Asset Management LLC President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2005

Transaction ID: 51013.C1897

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DANIEL DUMOFF

Mailing Address 69-71 N. 2ND STREET

City State Zip Code
Philadelphia PA 19106

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

Name of Employer Information Requested Occupation Information Requested
ECONOMY REST SUPPLY Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2005

Transaction ID: 51013.C1810

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James H Dykstra

Mailing Address 6306 Hunting Ridge Lane

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2005

Transaction ID: 51013.C1807

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3501 SOUTH BROAD STREET

City State Zip Code
Philadelphia PA 19148-5201

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

Name of Employer Occupation
NOT APPLICABLE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2005

Transaction ID: 51013.C1994

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David J. Eckhart

Mailing Address 886 Vaughn Road

City State Zip Code
Pottstown PA 19465

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

Name of Employer Investment Advisory Group Occupation
Investment Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2005

Transaction ID: 51013.C1811

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
J T Enterprises

Mailing Address 2030 East Willard Street

City Philadelphia State PA Zip Code 19134

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 05 / 2005

Transaction ID: 51013.C1890

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2516 NOBLE DRIVE

City Tallahassee State FL Zip Code 32308

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

Name of Employer Information Requested Occupation Information Requested

ANN EPPARD ASSOCIATES, LT-D. CONSULTANT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1869

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Forster

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested

Self-Employed ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2005

Transaction ID: 51013.C1957

Amount of Each Receipt this Period
1125.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3125.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|---|-------------------------------------|--|
| A. Full Name (Last, First, Middle Initial) James Forster | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 |
| Mailing Address City State Zip Code | | Transaction ID: 51013.C1956 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer Self-Employed | Occupation ATTORNEY | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3125.00 | |

| | | |
|---|-------------------------------------|--|
| B. Full Name (Last, First, Middle Initial) Kim Forster | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 |
| Mailing Address City State Zip Code | | Transaction ID: 51013.C1959 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1125.00 |
| Name of Employer None | Occupation Housewife | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1125.00 | |

| | | |
|---|-------------------------------------|--|
| C. Full Name (Last, First, Middle Initial) Kim Forster | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 |
| Mailing Address City State Zip Code | | Transaction ID: 51013.C1958 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer None | Occupation Housewife | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3125.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5125.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
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| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Curtiss Fox

Mailing Address 821 Ciarendon Road

City Drexel Hill State PA Zip Code 19026

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

Name of Employer Nucero Electrical Construction
Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2005

Transaction ID: 51013.C1902

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Patrick L Gallagher

Mailing Address 1631 Faunce Street

City Philadelphia State PA Zip Code 19111

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

Name of Employer State of Pa
Occupation Insurance Investigator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2005

Transaction ID: 51013.C1924

Amount of Each Receipt this Period
1125.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Donald V Gennuso

Mailing Address 16 Timbercrest Circle

City Cecil State PA Zip Code 15321-1114

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

Name of Employer SAI Consulting Engineers Inc
Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1828

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2375.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jefferey D Guzy

Mailing Address 120 Knoll Drive

City State Zip Code
Collegeville PA 19426-1657

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

Name of Employer Information Requested Occupation
ENGINEER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2005

Transaction ID: 51013.C1857

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 949 Caledonia Street

City State Zip Code
Philadelphia PA 19128-1129

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

Name of Employer Information Requested Occupation
ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1875

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Janet S Hill

Mailing Address 9026 Germantown Avenue

City State Zip Code
Philadelphia PA 19118

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

Name of Employer Information Requested Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2005

Transaction ID: 51013.C1892

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EDWARD HILLIS

Mailing Address 520 ELKINS AVENUE

City State Zip Code
Elkins Park PA 19027

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

Name of Employer Occupation
DOMUS, INC. Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 22 / 2005

Transaction ID: 51013.C1906

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alan P. Hoffmann

Mailing Address 1703 East Drive

City State Zip Code
Willingboro NJ 08046

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

Name of Employer Occupation
Vitetta President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1834

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Scott T Holmes

Mailing Address 208 Sheffield Lane

City State Zip Code
Oxford PA 19363

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

Name of Employer Occupation
V System Composites OPERATIONS MANAGER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: 51013.C1798

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Harold E Hood

Mailing Address 1050 Springfield Road

City State Zip Code
Darby PA 19023

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

Name of Employer Retired Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2005

Transaction ID: 51013.C1925

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 338 S 17th Street

City State Zip Code
Philadelphia PA 19103-6724

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

Name of Employer Hopkins & Co Occupation SELF-EMPLOYED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1851

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kenneth M Jarin

Mailing Address 1 Greenbriar Circle

City State Zip Code
Newtown PA 18940

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

Name of Employer Montgomery, Mc Cracken Walker Occupation LAWYER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1826

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. William J Joyce | | Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2005 | |
| Mailing Address 9 North Main Street | | Transaction ID: 51013.C1888 | |
| City State Zip Code Pittston PA 18641 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Joyce Agency | Occupation Sales | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Robin A Karmon | | Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2005 | |
| Mailing Address 610 South Front Street | | Transaction ID: 51013.C1830 | |
| City State Zip Code | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Information Requested | Occupation Information Requested | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Alan C Kessler | | Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2005 | |
| Mailing Address 1650 Arch Street 2nd Floor | | Transaction ID: 51013.C1865 | |
| City State Zip Code Philadelphia PA 19103 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self-Employed | Occupation LAWYER | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Samuel Knaster

Mailing Address 1011 Summit Drive

City State Zip Code
Morrisville PA 19067

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

Name of Employer Information Requested Occupation
ENGINEER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1845

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John P Kweder Jr

Mailing Address 67 Deer Trail Lane

City State Zip Code
Nesquehoning PA 18240-2119

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

Name of Employer Information Requested Occupation
ENGINEER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1876

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ella Le Dunn

Mailing Address 1656 North Allison Street

City State Zip Code
Philadelphia PA 19131-3925

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

Name of Employer Information Requested Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2005

Transaction ID: 51013.C1893

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

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

Mailing Address 1391 Taylor Road

City Langhorne State PA Zip Code 19047

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

Name of Employer Robs Towing Occupation Owner / President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1878

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mark S Lopez

Mailing Address 7362 Claridge Street

City Philadelphia State PA Zip Code 19111

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

Name of Employer DELAWARE RIVER PORT AUTHORITY Occupation ADMINISTRATOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2005

Transaction ID: 51013.C1992

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 7362 Claridge Street

City Philadelphia State PA Zip Code 19111

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

Name of Employer DELAWARE RIVER PORT AUTHORITY Occupation ADMINISTRATOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2005

Transaction ID: 51013.C1948

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

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

Mailing Address 1103 Tabor Terrace

City Philadelphia State PA Zip Code 19111

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2005

Transaction ID: 51013.C1938

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Eloy Lopez Jr

Mailing Address 7203 Claridge Street

City Philadelphia State PA Zip Code 19111

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2005

Transaction ID: 51013.C1936

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Martin Maxwell

Mailing Address One Penn Center 19th Floor
0017 John F Kennedy Blvd

City Philadelphia State PA Zip Code 19103-1895

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

Name of Employer Information Requested Occupation Information Requested
Obermayer Rebmann Maxwell & Hi
LAWYER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: 51013.C1819

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John B Mc Manus

Mailing Address 1751 Brintons Bridge Road

City State Zip Code
Chadds Ford PA 19317

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

Name of Employer Occupation
Jay Mc Manus & Co MARKETING

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1850

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David J McTish

Mailing Address 2056 Autumn Ridge Road

City State Zip Code
Macungie PA 18062

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

Name of Employer Occupation
Mc Tish Runkle Consulting Engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2005

Transaction ID: 51013.C1885

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Matthew P McTish

Mailing Address 5728 Ricky Ridge Trail

City State Zip Code
Orefield PA 18069-8800

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

Name of Employer Occupation
Information Requested Consulting Engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2005

Transaction ID: 51013.C1886

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Samuel Menaged

Mailing Address 209 Roberts Road

City Ardmore State PA Zip Code 19003

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

Name of Employer Renfrew Health Center Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1881

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 112 Creston Drive

City West Mifflin State PA Zip Code 15122

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

Name of Employer MS Consulting Occupation ENGINEER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2005

Transaction ID: 51013.C1884

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Christopher Milito

Mailing Address 29 South State Road

City Springfield State PA Zip Code 19064

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

Name of Employer Delaware Valley Police Dept. Occupation Police Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1835

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas G Moore

Mailing Address 114 Kent Drive

City State Zip Code
North Wales PA 19454-1925

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

Name of Employer Information Requested Occupation
ELECTRICAL CONTRACTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2005

Transaction ID: 51013.C1898

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dennis A Morrison-Wesley Sr

Mailing Address 25 Bayberry Court

City State Zip Code
Harpers Ferry WV 25425

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

Name of Employer Information Requested Occupation
Merrill Lynch Financial Advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1880

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas OBrien

Mailing Address 21 Westver Road

City State Zip Code
Troy NY 12180

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

Name of Employer Information Requested Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2005

Transaction ID: 51013.C1812

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Kelly R Ousley | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2005 | |
| Mailing Address 10533 Winged Elm Circle | | Transaction ID: 51013.C1801 | |
| City State Zip Code Manassas VA 20110-2715 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Occupation Information Requested Election Cycle-to-Date ▼ 1000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Thomas W Ousley | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2005 | |
| Mailing Address 10533 Winged Elm Circle | | Transaction ID: 51013.C1804 | |
| City State Zip Code Manassas VA 20110-2715 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Occupation Information Requested Election Cycle-to-Date ▼ 1000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Robert W Palaima | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005 | |
| Mailing Address 1015 Glendevon Drive | | Transaction ID: 51013.C1947 | |
| City State Zip Code Ambler PA 19002-1853 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Occupation Information Requested Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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 (Last, First, Middle Initial) John Paone Mailing Address 8610 Thomas Mill Drive City Philadelphia State PA Zip Code 19128-1139 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 51013.C1837 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 5 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer LIBERTY CONTRUCTION Occupation CONSULTANT Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table> | | 500.00 | | | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| B. Full Name (Last, First, Middle Initial) Domenic Piccolomini Mailing Address 235 New Salem Road City Uniontown State PA Zip Code 15401 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 51013.C1827 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 5 | 2000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Information Requested Occupation ENGINEER Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2000.00</td> </tr> </table> | | 2000.00 | | | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| C. Full Name (Last, First, Middle Initial) Carl S Primavera Mailing Address 3 Druim Moir Court City Philadelphia State PA Zip Code 19118 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 51013.C1913 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 2 | 2 | / | 2 | 0 | 0 | 5 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | / | 2 | 2 | / | 2 | 0 | 0 | 5 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Ktther, Harrison, Harvey & Elle Occupation ATTORNEY Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table> | | 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Vincent Primavera Jr | | Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2005 | |
| Mailing Address 4343 G Street | | Transaction ID: 51013.C1903 | |
| City State Zip Code Philadelphia PA 19124-4325 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Prime Group Associates | Occupation President | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Carol Rein | | Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2005 | |
| Mailing Address 12 Bellaire Drive | | Transaction ID: 51013.C1818 | |
| City State Zip Code Princeton NJ 08540 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer UBS Financial | Occupation Managing Director | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Edward J Reitmeyer | | Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2005 | |
| Mailing Address 24 East Bells Mill Road | | Transaction ID: 51013.C1824 | |
| City State Zip Code Philadelphia PA 19118 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Drucker & Scaccetti P.C. | Occupation Certified Public Accountant | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Susan Wenger Robbins

Mailing Address 6929 Greenhill Rd.

City Philadelphia State PA Zip Code 19151

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

Name of Employer Phila. Dept. of Public Health Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2005

Transaction ID: 51013.C1821

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William (Jay) Rohleder Jr

Mailing Address 845 Topaz Drive

City West Chester State PA Zip Code 19382

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1879

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
RONALD RUBIN

Mailing Address 243 CONSHOCKEN STATE ROAD

City Narberth State PA Zip Code 19072

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

Name of Employer Pa Real Estate Invest. Trust Occupation Chairman & Ceo

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1849

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ralph A Saggiomo

Mailing Address 1 Bridlewood Drive

City State Zip Code
New Hope PA 18938-9668

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

Name of Employer Occupation
UBS Financial BROKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2005

Transaction ID: 51013.C1817

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Henry J Sallusti

Mailing Address 946 Columbia Street

City State Zip Code
Scranton PA 18509

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1882

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
JIM SANDONE

Mailing Address 5 N. BARTRAM AVENUE.

City State Zip Code
Glenolden PA 19036-0074

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

Name of Employer Occupation
DELAWARE COUNTY JANITORIAL SVC President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: 51013.C1833

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

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

Mailing Address 2600 One Commerce Square

City Philadelphia State PA Zip Code 19103

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

Name of Employer Stradley Ronon Occupation Lawyer/Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2005

Transaction ID: 51013.C1814

Amount of Each Receipt this Period
 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Randall P Schumacher

Mailing Address 9516 Bent Creek Lane

City Vienna State VA Zip Code 22182

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2005

Transaction ID: 51013.C1806

Amount of Each Receipt this Period
 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kevin Schuyler

Mailing Address 1354 Forestedge Blvd

City Oldsmar State FL Zip Code 34677-5118

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 02 / 2005

Transaction ID: 51013.C1860

Amount of Each Receipt this Period
 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 / 79 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George X Schwartz

Mailing Address William Penn House APT 2501
1919 Chestnut Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Retired Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1874

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David C Shuter

Mailing Address 507 Parkhollow Lane

City Philadelphia State PA Zip Code 19111

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

Name of Employer Self-Employed Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1870

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bernard Smalley

Mailing Address 2324 Bryn Mawr Avenue

City Philadelphia State PA Zip Code 19131

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

Name of Employer Anapol / Schwartz Occupation LAWYER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1846

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Frederick A Stampone Mailing Address City State Zip Code | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 Transaction ID: 51013.C1961 Amount of Each Receipt this Period 1125.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self-Employed Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation ATTORNEY Election Cycle-to-Date ▼ 1125.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Frederick A Stampone Mailing Address City State Zip Code | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 Transaction ID: 51013.C1960 Amount of Each Receipt this Period 2000.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self-Employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation ATTORNEY Election Cycle-to-Date ▼ 3125.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Joseph P Stampone Mailing Address City State Zip Code | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 Transaction ID: 51013.C1964 Amount of Each Receipt this Period 2000.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self-Employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation ATTORNEY Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5125.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Joseph P Stampone | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 |
| Mailing Address City State Zip Code | | Transaction ID: 51013.C1965 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1125.00 |
| Name of Employer Self-Employed | Occupation ATTORNEY | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3125.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Julia Stampone | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 |
| Mailing Address City State Zip Code | | Transaction ID: 51013.C1967 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1125.00 |
| Name of Employer Information Requested | Occupation Receptionist | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1125.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Julia Stampone | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 |
| Mailing Address City State Zip Code | | Transaction ID: 51013.C1966 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer Information Requested | Occupation Receptionist | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3125.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4250.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | | |
|--|-----|-----------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 55 / 79 |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a |
| <input type="checkbox"/> | | <input type="checkbox"/> | 11c |
| <input type="checkbox"/> | | <input type="checkbox"/> | 13b |
| <input type="checkbox"/> | | <input type="checkbox"/> | 11d |
| <input type="checkbox"/> | | <input type="checkbox"/> | 14 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Karen Stampone | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 | |
| Mailing Address | | Transaction ID: 51013.C1962 | |
| City State Zip Code | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer None Occupation Housewife | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Karen Stampone | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005 | |
| Mailing Address | | Transaction ID: 51013.C1963 | |
| City State Zip Code | | Amount of Each Receipt this Period 1125.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer None Occupation Housewife | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 3125.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. S. Philip Steinberg | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005 | |
| Mailing Address 1500 Walnut Street Suite 1203 | | Transaction ID: 51013.C1926 | |
| City State Zip Code Philadelphia PA 19102 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self-Employed Occupation LAWYER | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3375.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles P Sulzbach

Mailing Address 437 Sunny Ridge Road

City State Zip Code
Gilbertsville PA 19525

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

Name of Employer Information Requested Occupation
ELECTRICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 22 / 2005

Transaction ID: 51013.C1901

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Susanne M Suzenski

Mailing Address 2193 St Peters Road

City State Zip Code
Pottstown PA 19465

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1839

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lisa E Sylvester

Mailing Address 7886 Pembridge Road

City State Zip Code
Manassas VA 20112

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: 51013.C1805

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 / 79 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Apostolos Tsourous

Mailing Address 2320 Edgehill Road

City State Zip Code
Huntingdon Valley PA 19006

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

Name of Employer Self-Employed Occupation
Painter

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2005

Transaction ID: 51013.C1946

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 42 Grand Miramar Drive

City State Zip Code
Henderson NV 89011

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

Name of Employer Occupation
WECIMS Inc Consulting Engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1871

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James M White

Mailing Address 334 W Meadow Drive

City State Zip Code
Mechanicsburg PA 17055

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2005

Transaction ID: 51013.C1840

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 58 / 79 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William L Wilson

Mailing Address 7611 St Martins Lane

City Philadelphia State PA Zip Code 19118

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

Name of Employer Synterra Ltd Occupation Landscape Architect

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2005

Transaction ID: 51013.C1809

Amount of Each Receipt this Period
 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 210 West Rittenhouse Sq Apt 2603

City Philadelphia State PA Zip Code 19103

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

Name of Employer Pa Treasury Occupation Field Representative

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 21 / 2005

Transaction ID: 51013.C1877

Amount of Each Receipt this Period
 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 126725.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 79
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
25th Ward Democratic Club

Mailing Address 2637 East Clearfield Street

City Philadelphia State PA Zip Code 19134

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2005

Transaction ID: 51013.C1981

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 100.00 |
| TOTAL This Period (last page this line number only) | ▶ | 100.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 / 79 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) PNC Bank Mailing Address PO Box 535230 City Pittsburgh State PA Zip Code 15253-5230 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2005 Transaction ID: 51012.C1791 Amount of Each Receipt this Period 1287.95 |
| Name of Employer _____ Occupation _____ Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Election Cycle-to-Date ▼ 8770.82 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) PNC Bank Mailing Address PO Box 535230 City Pittsburgh State PA Zip Code 15253-5230 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2005 Transaction ID: 51012.C1792 Amount of Each Receipt this Period 1338.22 |
| Name of Employer _____ Occupation _____ Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Election Cycle-to-Date ▼ 10109.04 | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) PNC Bank Mailing Address PO Box 535230 City Pittsburgh State PA Zip Code 15253-5230 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005 Transaction ID: 51012.C1793 Amount of Each Receipt this Period 1297.56 |
| Name of Employer _____ Occupation _____ Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Election Cycle-to-Date ▼ 11406.60 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3923.73 |
| TOTAL This Period (last page this line number only) | 3923.73 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|---|--|--|
| A. AOL Full Name (Last, First, Middle Initial) AOL Mailing Address C/O Suite 500 2000 Market Street City Philadelphia State PA Zip Code 19103- Purpose of Disbursement INTERNET SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 51012.E984 Date of Disbursement 07 / 05 / 2005 Amount of Each Disbursement this Period 28.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE |
|---|--|--|

| | | |
|---|--|--|
| B. AOL Full Name (Last, First, Middle Initial) AOL Mailing Address C/O Suite 500 2000 Market Street City Philadelphia State PA Zip Code 19103- Purpose of Disbursement INTERNET SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 51012.E985 Date of Disbursement 08 / 03 / 2005 Amount of Each Disbursement this Period 28.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE |
|---|--|--|

| | | |
|---|--|--|
| C. AOL Full Name (Last, First, Middle Initial) AOL Mailing Address C/O Suite 500 2000 Market Street City Philadelphia State PA Zip Code 19103- Purpose of Disbursement INTERNET SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 51012.E986 Date of Disbursement 09 / 06 / 2005 Amount of Each Disbursement this Period 28.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE |
|---|--|--|

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 86.70 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|--|
| A. BEBASHI Full Name (Last, First, Middle Initial) Mailing Address 1217 Spring Garden Street 1st Floor City Philadelphia State PA Zip Code 19123- Purpose of Disbursement ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 51012.E962 Date of Disbursement 08 / 30 / 2005 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING |
|--|--|--|

| | | |
|--|--|---|
| B. GMAC Full Name (Last, First, Middle Initial) Mailing Address PO Box 105677 City Atlanta State GA Zip Code 30348- Purpose of Disbursement AUTO LEASE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 51012.E937 Date of Disbursement 07 / 21 / 2005 Amount of Each Disbursement this Period 909.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUTO LEASE |
|--|--|---|

| | | |
|--|--|---|
| C. GMAC Full Name (Last, First, Middle Initial) Mailing Address PO Box 105677 City Atlanta State GA Zip Code 30348- Purpose of Disbursement AUTO LEASE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 51012.E950 Date of Disbursement 08 / 22 / 2005 Amount of Each Disbursement this Period 909.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUTO LEASE |
|--|--|---|

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2018.68 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|---|--|---|
| A. GMAC Full Name (Last, First, Middle Initial) Mailing Address PO Box 105677 City Atlanta State GA Zip Code 30348- Purpose of Disbursement AUTO LEASE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 51012.E964 Date of Disbursement 09 / 07 / 2005 Amount of Each Disbursement this Period 909.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUTO LEASE |
|---|--|---|

| | | |
|---|--|--|
| B. Verizon Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 41799 City Philadelphia State PA Zip Code 19101-1799 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 51012.E928 Date of Disbursement 07 / 06 / 2005 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |
|---|--|--|

| | | |
|---|--|---|
| C. Verizon Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 41799 City Philadelphia State PA Zip Code 19101-1799 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 51012.E938 Date of Disbursement 07 / 21 / 2005 Amount of Each Disbursement this Period 46.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |
|---|--|---|

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1206.16 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon | | Transaction ID: 51012.E942 Date of Disbursement 08 / 01 / 2005 |
| Mailing Address P.O. Box 41799 | | Amount of Each Disbursement this Period 9.20 |
| City Philadelphia State PA Zip Code 19101-1799 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TELEPHONE Candidate Name | Category/Type | TELEPHONE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon | | Transaction ID: 51012.E955 Date of Disbursement 08 / 24 / 2005 |
| Mailing Address P.O. Box 41799 | | Amount of Each Disbursement this Period 9.20 |
| City Philadelphia State PA Zip Code 19101-1799 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TELEPHONE Candidate Name | Category/Type | TELEPHONE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Verizon | | Transaction ID: 51012.E958 Date of Disbursement 08 / 30 / 2005 |
| Mailing Address P.O. Box 41799 | | Amount of Each Disbursement this Period 46.97 |
| City Philadelphia State PA Zip Code 19101-1799 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TELEPHONE Candidate Name | Category/Type | TELEPHONE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 65.37 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon | | Transaction ID: 51012.E960 Date of Disbursement 09 / 28 / 2005 |
| Mailing Address P.O. Box 41799 | | Amount of Each Disbursement this Period 9.20 |
| City Philadelphia State PA Zip Code 19101-1799 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TELEPHONE | Candidate Name | TELEPHONE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Public Record 6th Anniversary | | Transaction ID: 51012.E980 Date of Disbursement 09 / 30 / 2005 |
| Mailing Address C/O Suite 500 2000 Market Street | | Amount of Each Disbursement this Period 565.00 |
| City Philadelphia State PA Zip Code 19103- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement ADVERTISEMENT | Candidate Name | ADVERTISEMENT |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Joseph A Altomare | | Transaction ID: 51012.E932 Date of Disbursement 07 / 06 / 2005 |
| Mailing Address 2650 Elbridge Street | | Amount of Each Disbursement this Period 120.00 |
| City Philadelphia State PA Zip Code 19149- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement ACCOUNTING SERVICES | Candidate Name | ACCOUNTING SERVICES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 694.20 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Joseph A Altomare | | Transaction ID: 51012.E939 Date of Disbursement 07 / 21 / 2005 |
| Mailing Address 2650 Elbridge Street | | Amount of Each Disbursement this Period 80.00 |
| City Philadelphia State PA Zip Code 19149- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement ACCOUNTING SERVICES | Candidate Name | ACCOUNTING SERVICES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Joseph A Altomare | | Transaction ID: 51012.E956 Date of Disbursement 08 / 24 / 2005 |
| Mailing Address 2650 Elbridge Street | | Amount of Each Disbursement this Period 90.00 |
| City Philadelphia State PA Zip Code 19149- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement ACCOUNTING SERVICES | Candidate Name | ACCOUNTING SERVICES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Joseph A Altomare | | Transaction ID: 51012.E982 Date of Disbursement 09 / 30 / 2005 |
| Mailing Address 2650 Elbridge Street | | Amount of Each Disbursement this Period 65.00 |
| City Philadelphia State PA Zip Code 19149- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement ACCOUNTING SERVICES | Candidate Name | ACCOUNTING SERVICES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 235.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 79

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Plumber & Associates | | Transaction ID: 51012.E972 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5 |
| Mailing Address 951 E Passyunk Avenue | | Amount of Each Disbursement this Period 1650.00 |
| City Philadelphia State PA Zip Code 19148- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement RENT Candidate Name | Category/Type | RENT |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. First National Bank | | Transaction ID: 51012.E981 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5 |
| Mailing Address PO Box 2951 | | Amount of Each Disbursement this Period 49.28 |
| City Omaha State NE Zip Code 68103-2951 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name | Category/Type | CREDIT CARD PAYMENT |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Carol Campbell | | Transaction ID: 51012.E940 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 5 |
| Mailing Address 1827 South Broad Street | | Amount of Each Disbursement this Period 480.00 |
| City Philadelphia State PA Zip Code 19148- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement EXPENSE REIMBURSEMENT Candidate Name | Category/Type | EXPENSE REIMBURSEMENT |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2179.28 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. National Democratic Club | | Transaction ID: 51012.E948 Date of Disbursement 08 / 22 / 2005 |
| Mailing Address 30 Ivy Street SE | | Amount of Each Disbursement this Period 75.00 |
| City Washington State DC Zip Code 20003-4071 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement DUES Candidate Name | Category/Type | DUES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. National Democratic Club | | Transaction ID: 51012.E968 Date of Disbursement 09 / 16 / 2005 |
| Mailing Address 30 Ivy Street SE | | Amount of Each Disbursement this Period 25.00 |
| City Washington State DC Zip Code 20003-4071 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement DUES Candidate Name | Category/Type | DUES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Jaramogi Communications | | Transaction ID: 51012.E974 Date of Disbursement 09 / 23 / 2005 |
| Mailing Address C/O Suite 500 2000 Market Street | | Amount of Each Disbursement this Period 300.00 |
| City Philadelphia State PA Zip Code 19103- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement ADVERTISING Candidate Name | Category/Type | ADVERTISING |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 400.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Philadelphia Park Hyatt Hotel | | Transaction ID: 51012.E933 Date of Disbursement MM / DD / YYYY 07 / 06 / 2005 |
| Mailing Address 1415 Chancellor Court | | Amount of Each Disbursement this Period 3155.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19102- | Purpose of Disbursement FUNDRAISER Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISER |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. State Farm Insurance Co | | Transaction ID: 51012.E952 Date of Disbursement MM / DD / YYYY 08 / 22 / 2005 |
| Mailing Address One State Farm Drive | | Amount of Each Disbursement this Period 754.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Concordville State PA Zip Code 19339- | Purpose of Disbursement AUTO INSURANCE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | AUTO INSURANCE |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Postmaster of Philadelphia | | Transaction ID: 51012.E971 Date of Disbursement MM / DD / YYYY 09 / 16 / 2005 |
| Mailing Address 2955 Market Street | | Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19104-9775 | Purpose of Disbursement PO BOX Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PO BOX |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3990.42 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Strassheim Printing Co Inc | | Transaction ID: 51012.E931 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 5 | |
| Mailing Address 305 North 15th Street | | Amount of Each Disbursement this Period 189.39 | |
| City Philadelphia State PA Zip Code 19102- | Purpose of Disbursement PRINTING | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRINTING | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Strassheim Printing Co Inc | | Transaction ID: 51012.E936 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 5 | |
| Mailing Address 305 North 15th Street | | Amount of Each Disbursement this Period 1153.27 | |
| City Philadelphia State PA Zip Code 19102- | Purpose of Disbursement PRINTING | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRINTING | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Strassheim Printing Co Inc | | Transaction ID: 51012.E941 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 5 | |
| Mailing Address 305 North 15th Street | | Amount of Each Disbursement this Period 628.09 | |
| City Philadelphia State PA Zip Code 19102- | Purpose of Disbursement PRINTING | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRINTING | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1970.75 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Strassheim Printing Co Inc | | Transaction ID: 51012.E975 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5 |
| Mailing Address 305 North 15th Street | | Amount of Each Disbursement this Period 80.25 |
| City Philadelphia State PA Zip Code 19102- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PRINTING | Category/ Type | PRINTING |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Philadelphia Public Records Inc | | Transaction ID: 51012.E930 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 5 |
| Mailing Address 1330 Ritner Street | | Amount of Each Disbursement this Period 400.00 |
| City Philadelphia State PA Zip Code 19148- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement ADVERTISING | Category/ Type | ADVERTISING |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Philadelphia Public Records Inc | | Transaction ID: 51012.E935 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 5 |
| Mailing Address 1330 Ritner Street | | Amount of Each Disbursement this Period 400.00 |
| City Philadelphia State PA Zip Code 19148- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement ADVERTISING | Category/ Type | ADVERTISING |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 880.25 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 / 79

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Philadelphia Public Records Inc | | Transaction ID: 51012.E946 Date of Disbursement 08 / 03 / 2005 |
| Mailing Address 1330 Ritner Street | | Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19148- | Purpose of Disbursement ADVERTISING Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | ADVERTISING |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Philadelphia Public Records Inc | | Transaction ID: 51012.E976 Date of Disbursement 09 / 23 / 2005 |
| Mailing Address 1330 Ritner Street | | Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19148- | Purpose of Disbursement ADVERTISING Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | ADVERTISING |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Med Week | | Transaction ID: 51012.E967 Date of Disbursement 09 / 12 / 2005 |
| Mailing Address C/O Suite 500 2000 Market Street | | Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19103- | Purpose of Disbursement FUNDRAISER Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISER |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2350.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: 51012.E929 Date of Disbursement MM / DD / YYYY 07 / 06 / 2005 |
| Mailing Address PO Box 17120 | | Amount of Each Disbursement this Period 249.53 |
| City Tucson State AZ Zip Code 85731-7120 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement MOBILE TELEPHONE | Candidate Name | MOBILE TELEPHONE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Transaction ID: 51012.E947 Date of Disbursement MM / DD / YYYY 08 / 04 / 2005 |
| Mailing Address PO Box 17120 | | Amount of Each Disbursement this Period 228.92 |
| City Tucson State AZ Zip Code 85731-7120 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement MOBILE TELEPHONE | Candidate Name | MOBILE TELEPHONE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Transaction ID: 51012.E957 Date of Disbursement MM / DD / YYYY 08 / 30 / 2005 |
| Mailing Address PO Box 17120 | | Amount of Each Disbursement this Period 233.37 |
| City Tucson State AZ Zip Code 85731-7120 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement MOBILE TELEPHONE | Candidate Name | MOBILE TELEPHONE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 711.82 |
| TOTAL This Period (last page this line number only) ▶ | 16788.63 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Unity 2001 | | Transaction ID: 51012.E973 Date of Disbursement 09 / 21 / 2005 |
| Mailing Address P.O. Box 22471 | | Amount of Each Disbursement this Period 9000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19110-2471 | Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Friends of Bryan Allen | | Transaction ID: 51012.E977 Date of Disbursement 09 / 28 / 2005 |
| Mailing Address C/O 1421 Walnut Street | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19102- | Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Congressional Black Caucus Foundation | | Transaction ID: 51012.E965 Date of Disbursement 09 / 09 / 2005 |
| Mailing Address C/O 1421 Walnut Street | | Amount of Each Disbursement this Period 8000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19102- | Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 17250.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Childrens Crisis Center | | Transaction ID: 51012.E954 Date of Disbursement 08 / 22 / 2005 |
| Mailing Address C/O Suite 500 2000 Market Street | | Amount of Each Disbursement this Period 500.00 |
| City Philadelphia State PA Zip Code 19103- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Friends of Charelle Parker | | Transaction ID: 51012.E966 Date of Disbursement 09 / 09 / 2005 |
| Mailing Address C/O 1421 Walnut Street | | Amount of Each Disbursement this Period 5000.00 |
| City Philadelphia State PA Zip Code 19102- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. NAACP Chester Branch | | Transaction ID: 51012.E949 Date of Disbursement 08 / 22 / 2005 |
| Mailing Address C/O 1421 Walnut Street | | Amount of Each Disbursement this Period 455.00 |
| City Philadelphia State PA Zip Code 19102- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5955.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Zion Baptist Church | | Transaction ID: 51012.E963 Date of Disbursement 08 / 30 / 2005 |
| Mailing Address 3544 North 17th Street | | Amount of Each Disbursement this Period 500.00 |
| City Philadelphia State PA Zip Code 19140- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Amount of Each Disbursement this Period 500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |
| Full Name (Last, First, Middle Initial) B. Bread & Roses Community Fund | | Transaction ID: 51012.E953 Date of Disbursement 08 / 22 / 2005 |
| Mailing Address Suite 1305 1500 Walnut Street | | Amount of Each Disbursement this Period 500.00 |
| City Philadelphia State PA Zip Code 19102- | | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Amount of Each Disbursement this Period 650.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |
| Full Name (Last, First, Middle Initial) C. African Daughters Of Fine Lineage | | Transaction ID: 51012.E944 Date of Disbursement 08 / 02 / 2005 |
| Mailing Address C/O 1421 Walnut Street | | Amount of Each Disbursement this Period 650.00 |
| City Philadelphia State PA Zip Code 19102- | | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Amount of Each Disbursement this Period 1650.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

SUBTOTAL of Disbursements This Page (optional) ▶

1650.00

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

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

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

FOR LINE NUMBER:
(check only one)

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| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Yorktown Community Organization | | Transaction ID: 51012.E951 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 5 |
| Mailing Address C/O 1421 Walnut Street | | Amount of Each Disbursement this Period 500.00 |
| City Philadelphia State PA Zip Code 19102- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Liberty Pa | | Transaction ID: 51012.E945 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 5 |
| Mailing Address C/O 1421 Walnut Street | | Amount of Each Disbursement this Period 5000.00 |
| City Philadelphia State PA Zip Code 19102- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bob Casey For Pennsylvania Committee | | Transaction ID: 51012.E934 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 5 |
| Mailing Address Suite 1424 1601 Walnut Street | | Amount of Each Disbursement this Period 2000.00 |
| City Philadelphia State PA Zip Code 19102- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Region 5 Steelers | | Transaction ID: 51012.E979 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2005 |
| Mailing Address C/O 1421 Walnut Street | | Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19102- | Purpose of Disbursement CONTRIBUTION Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Friends of Thomas W Blackwell | | Transaction ID: 51012.E978 Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2005 |
| Mailing Address The Land Title Building 100 South Broad Street | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19110- | Purpose of Disbursement CONTRIBUTION Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

TOTAL This Period (last page this line number only) ►

34855.00

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 79 / 79 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Transaction ID: LS0731200159E89

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Democratic Campaign Committee of Phila | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other |
| Mailing Address 1421 Walnut Street | |
| City Philadelphia State PA ZIP Code 19102- | |
| Original Amount of Loan 122000.00 | Cumulative Payment To Date 117000.00 |
| Balance Outstanding at Close of This Period 5000.00 | |

TERMS

| | | | |
|---|----------------------|--------------------------------|---|
| Date Incurred MM DD YY 05 14 1998 | Date Due 20031231 | Interest Rate .0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|----------------------|--------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional) | 5000.00 |
| TOTALS This Period (last page in this line only) | 5000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.