

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
KATHY DAHLKEMPER FOR CONGRESS

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

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 / / through / /

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 Aron Dahlkemper

Signature of Treasurer Aron Dahlkemper [Electronically Filed] Date / /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

KATHY DAHLKEMPER FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y 09 / 30 / 2011

	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))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	427.45	75544.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	187.78	5803.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	239.67	69740.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	856.47	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
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 12/2003)

Page 3

Write or Type Committee Name

KATHY DAHLKEMPER FOR CONGRESS

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

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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	445.92
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	187.78	5803.95
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	187.78	6249.87

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	427.45	75544.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	10000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	6600.00	9650.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7027.45	95194.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7696.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	187.78
25. SUBTOTAL (add Line 23 and Line 24).....	7883.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7027.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	856.47

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3T

Transaction ID :

Remaining funds in the account will be disposed of in accordance with FEC regulations.

Form/Schedule:

Transaction ID:

**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 6 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
KATHY DAHLKEMPER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Political Compliance Management Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2011
Mailing Address 1050 17th Street, Suite 590		Amount of Each Disbursement this Period 427.45
City Washington State DC Zip Code 20036	Purpose of Disbursement Accounting services	
Candidate Name	Category/Type	Transaction ID : SB17.4133
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	427.45
TOTAL This Period (last page this line number only).....	427.45

**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 7 OF 14			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
KATHY DAHLKEMPER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BOB CASEY FOR SENATE INC		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2011
Mailing Address 30 SOUTH 15TH STREET SUITE 400		Amount of Each Disbursement this Period 500.00
City PHILADELPHIA	State PA	
Zip Code 19102	Purpose of Disbursement	Transaction ID : SB21.4136
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 00	

Full Name (Last, First, Middle Initial) B. Butler County Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address 118 Applewood Lane		Amount of Each Disbursement this Period 250.00
City Slippery Rock	State PA	
Zip Code 16057	Purpose of Disbursement Non-federal contribution	Transaction ID : SB21.4154
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Catholics in Alliance		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address 1325 K Street, NW Suite 400		Amount of Each Disbursement this Period 250.00
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement Donation	Transaction ID : SB21.4144
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
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 8 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KATHY DAHLKEMPER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Catholics United		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address PO Box 33524		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4143
City Washington State DC Zip Code 20033	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CONNOLLY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address PO BOX 563		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4152
City MERRIFIELD State VA Zip Code 22116	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) c. Crawford County Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address 305 Chestnut Street		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4157
City Meadville State PA Zip Code 16335	Purpose of Disbursement Non-federal contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 9 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KATHY DAHLKEMPER FOR CONGRESS

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 13 / 2011

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB21.4142

B. Democratic Women of Mercer County

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1413

City Hermitage State PA Zip Code 16148

Purpose of Disbursement Non-federal contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 22 / 2011

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB21.4156

C. Democrats for Life of America

Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Avenue, NW
South Building

City Washington State DC Zip Code 20004

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 13 / 2011

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB21.4141

SUBTOTAL of Disbursements This Page (optional)..... 1750.00

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 10 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KATHY DAHLKEMPER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DONNELLY FOR INDIANA		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address 1050 17TH ST NW STE 590		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4151
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 00		

Full Name (Last, First, Middle Initial) B. Erie Coutry Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2011
Mailing Address PO Box 1184		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4139
City Erie State PA Zip Code 16512	Purpose of Disbursement Non-federal contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FRIENDS OF DAN MAFFEI		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2011
Mailing Address PO BOX 74		Amount of Each Disbursement this Period -2000.00 Transaction ID : SB21.4178 [MEMO ITEM]
City SYRACUSE State NY Zip Code 13214	Purpose of Disbursement Re-designation of 11/17/10 donation from 2010 Reount to Primary 2012	
Candidate Name DANIEL BENJAMIN MR. MAFFEI	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Reount	
State: NY District: 25		

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 11 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KATHY DAHLKEMPER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FRIENDS OF DAN MAFFEI		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2011
Mailing Address PO BOX 74		Amount of Each Disbursement this Period 2000.00
City SYRACUSE	State NY	
Zip Code 13214		Transaction ID : SB21.4179
Purpose of Disbursement Re-designation of 11/17/10 donation from 2010 Recount to Primary 2012		
Candidate Name DANIEL BENJAMIN MR. MAFFEI		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 25	

Full Name (Last, First, Middle Initial) B. Friends of Phil Fatica		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2011
Mailing Address 4623 Southern Drive		Amount of Each Disbursement this Period 250.00
City Erie	State PA	
Zip Code 16506		Transaction ID : SB21.4134
Purpose of Disbursement Non-federal contribution		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. KILROY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address P.O. BOX 2582		Amount of Each Disbursement this Period 250.00
City COLUMBUS	State OH	
Zip Code 43216		Transaction ID : SB21.4148
Purpose of Disbursement Contribution		
Candidate Name		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 03	

SUBTOTAL of Disbursements This Page (optional).....	500.00
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 12 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KATHY DAHLKEMPER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KIRKPATRICK FOR ARIZONA		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address PO BOX 12011		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4150
City CASA GRANDE	State AZ	
Zip Code 85130	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 01	

Full Name (Last, First, Middle Initial) B. KISSELL FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address P.O. BOX 1530		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4149
City BISCOE	State NC	
Zip Code 27209	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 08	

Full Name (Last, First, Middle Initial) C. KURT SCHRADER FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address PO BOX 3314		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4153
City OREGON CITY	State OR	
Zip Code 97045	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OR District: 05	

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 13 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KATHY DAHLKEMPER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mercer County Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address PO Box 49		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4155
City Sharon	State PA Zip Code 16146	
Purpose of Disbursement Non-federal contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Pennsylvania Center for Women & Politics		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address Chatham Univeristy Woodland Broad-Bruan Hall		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4146
City Pittsburgh	State PA Zip Code 15232	
Purpose of Disbursement Donation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Rutgers University Foundation		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address 7 College Avenue		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4145
City New Brunswick	State NJ Zip Code 08901	
Purpose of Disbursement Donation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 14 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KATHY DAHLKEMPER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TITUS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address PO BOX 50614		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4147
City HENDERSON	State NV	
Zip Code 89016	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NV District: 03	

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

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

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	6500.00