



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

BOB BRADY FOR CONGRESS

Report Covering the Period:

From: 

M	M
0	4

D	D
2	9

Y	Y	Y	Y
2	0	1	0

To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	103350.00	692195.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	103350.00	689695.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	25147.22	369221.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	140.69
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25147.22	369081.21
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>777004.74</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>5000.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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)

Write or Type Committee Name  
BOB BRADY FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
2	9

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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	56850.00	493190.00
(i) Itemized (use Schedule A).....	600.00	5495.00
(ii) Unitemized.....	57450.00	498685.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	45900.00	193510.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	103350.00	692195.00
(e) TOTAL CONTRIBUTIONS (other than loans) (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 (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	140.69
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	329.70	4893.94
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	103679.70	697229.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

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<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	25147.22	369221.90
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	0.00
(b) Political Party Committees.....	0.00	2500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2500.00
21. OTHER DISBURSEMENTS.....	120175.00	140625.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	145322.22	512346.90

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	818647.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	103679.70
25. SUBTOTAL (add Line 23 and Line 24).....	922326.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	145322.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	777004.74

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) L Jay Agnes</p> <p>Mailing Address 2101 Penrose Avenue</p> <p>City Philadelphia State PA Zip Code 19145</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer P. Agnes Occupation Builder</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 12 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5915</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Receipt</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael D. Allen</p> <p>Mailing Address 720 Reeceville Road</p> <p>City Coatesville State PA Zip Code 19320</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Archer &amp; Greiner, PC Occupation Attorney</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 12 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5917</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Receipt</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Leonard D Biddison</p> <p>Mailing Address 1429 Walnut Street Seventh Floor</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Attorney</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 12 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5874</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Receipt</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 6 / 52  
(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)  
Joseph P Bilson

Mailing Address 6 Dressage Drive

City State Zip Code  
Sewell NJ 08080

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

Name of Employer Occupation  
Wills Eye Hospital Hospital Administrator

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2010

Transaction ID: SA11AI.5919

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Juri R. Bilyk

Mailing Address 528 Hoyt Road

City State Zip Code  
Huntingdon Valley PA 19006-8107

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

Name of Employer Occupation  
Wills Eye Hospital Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2010

Transaction ID: SA11AI.5682

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Barbara Capozzi

Mailing Address 3320 S. 20th Street

City State Zip Code  
Philadelphia PA 19145-5707

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

Name of Employer Occupation  
Capozzi Real Estate Real Estate Agent

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2010

Transaction ID: SA11AI.5685

Amount of Each Receipt this Period  
1000.00

Receipt

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 52</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**BOB BRADY FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Martha Casey	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 1310 19th Street NW	<b>Transaction ID:</b> SA11AI.5680
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation O'Neill, Athy & Casey Partner	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Peter Ciarrocchi	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 489 Bristol Pike	<b>Transaction ID:</b> SA11AI.5651
	City State Zip Code Bensalem PA 19020	Amount of Each Receipt this Period 1400.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Chickie & Pete's Owner	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Peter Ciarrocchi	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 489 Bristol Pike	<b>Transaction ID:</b> SA11AI.5654
	City State Zip Code Bensalem PA 19020	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Chickie & Pete's Owner	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 52  
(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)  
Mr. Peter Ciarrocchi

Mailing Address 489 Bristol Pike

City Bensalem State PA Zip Code 19020

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

Name of Employer Chickie & Pete's Occupation Owner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt: 05 / 11 / 2010  
**Transaction ID:** SA11AI.5657  
 Amount of Each Receipt this Period: 1400.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter Ciarrocchi

Mailing Address 489 Bristol Pike

City Bensalem State PA Zip Code 19020

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

Name of Employer Chickie & Pete's Occupation Owner

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5800.00

Date of Receipt: 05 / 11 / 2010  
**Transaction ID:** SA11AI.5658  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Mr. David L. Cohen

Mailing Address 7309 Huron Lane

City Philadelphia State PA Zip Code 19119

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

Name of Employer Comcast Corporation Occupation EVP

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt: 06 / 02 / 2010  
**Transaction ID:** SA11AI.5986  
 Amount of Each Receipt this Period: 2400.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4800.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Rhonda Cohen		Date of Receipt
	Mailing Address 7309 Huron Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Philadelphia	PA	19119
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5981
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self		Occupation	Receipt
Self		Attorney	
Receipt For: 2010	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 2400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Rhonda Cohen		Date of Receipt
	Mailing Address 7309 Huron Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Philadelphia	PA	19119
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5982
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self		Occupation	Receipt
Self		Attorney	
Receipt For: 2010	Election Cycle-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 4800.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Salvatore M Debunda		Date of Receipt
	Mailing Address 117 Spyglass Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Blue Bell	PA	19422
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5977
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Archer & Greiner, PC		Occupation	Receipt
Self		Attorney	
Receipt For: 2010	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 4100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 52
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anthony J. DeFino		Date of Receipt MM / DD / YYYY 05 / 12 / 2010		
	Mailing Address 2505 South 20th Street		<b>Transaction ID:</b> SA11AI.5894		
	City Philadelphia	State PA	Zip Code 19145	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Philadelphia Court of Common P	Occupation Judge	Election Cycle-to-Date 500.00		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael DeFino		Date of Receipt MM / DD / YYYY 05 / 12 / 2010		
	Mailing Address 2541 South Broad Street		<b>Transaction ID:</b> SA11AI.5896		
	City Philadelphia	State PA	Zip Code 19148	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer DeFino Law Associates, PC	Occupation Attorney	Election Cycle-to-Date 500.00		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Vincent A DeFino		Date of Receipt MM / DD / YYYY 05 / 12 / 2010		
	Mailing Address 2501 S. Garnet Street		<b>Transaction ID:</b> SA11AI.5903		
	City Philadelphia	State PA	Zip Code 19145	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer DeFino Law Associates, PC	Occupation Attorney	Election Cycle-to-Date 500.00		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 52
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dilworth Paxson, LLP	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 1500 Market Street Ste 3500E	<b>Transaction ID:</b> SA11AI.5893
	City Philadelphia State PA Zip Code 19102-2101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dorothy W. Dumoff Revocable Trust	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 69 North 2nd Street	<b>Transaction ID:</b> SA11AI.5699
	City Philadelphia State PA Zip Code 19106	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles A Ehrlich	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 3324 W. Queen Lane	<b>Transaction ID:</b> SA11AI.5876
	City Philadelphia State PA Zip Code 19129-1410	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Self Occupation Attorney Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 52  
(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)  
Mr. John M. Elliott

Mailing Address 925 Harvest Drive  
Suite 300

City State Zip Code  
Blue Bell PA 19422

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

Name of Employer Occupation  
Elliott Greenleaf Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

Transaction ID: SA11AI.5670

Amount of Each Receipt this Period  
2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kevin A Feeley

Mailing Address 7703 Lincoln Drive

City State Zip Code  
Philadelphia PA 19118-4004

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

Name of Employer Occupation  
Bellevue Communications Group President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

Transaction ID: SA11AI.5911

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Daniel P Gallagher

Mailing Address One Comcast Center

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
Comcast Corporate Trainer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.6009

Amount of Each Receipt this Period  
500.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 52  
(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)  
Mr. Vincent J Giusini

Mailing Address 1518 Walnut Street  
Suite 1400

City Philadelphia State PA Zip Code 19102

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

Name of Employer Self Occupation Attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 530.00

Date of Receipt 05 / 12 / 2010  
**Transaction ID:** SA11AI.5898  
 Amount of Each Receipt this Period 500.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Charles M Golden

Mailing Address 1617 JFK Blvd.  
19th Floor

City Philadelphia State PA Zip Code 19103

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

Name of Employer Obermayer, Rebmann, Maxwell & Occupation Attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2010  
**Transaction ID:** SA11AI.5921  
 Amount of Each Receipt this Period 500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Julia A. Haller Gottsch

Mailing Address 1316 Glencoe Road

City Glencoe State MD Zip Code 21152

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

Name of Employer Wills Eye Hospital Occupation Physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2010  
**Transaction ID:** SA11AI.5968  
 Amount of Each Receipt this Period 500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 52  
(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)  
Lon R Greenberg

Mailing Address 8848 Montgomery Avenue

City State Zip Code  
Wyndmoor PA 19038-8310

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

Name of Employer Occupation  
UGI Corporation CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.5973

Amount of Each Receipt this Period  
1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Ann W Hart

Mailing Address 1820 Rittenhouse Square  
Apt. 701

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
Temple University President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

Transaction ID: SA11AI.5913

Amount of Each Receipt this Period  
500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Rachelle L. Hogue

Mailing Address 690 Ridge Road

City State Zip Code  
Lewisberry PA 17339

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

Name of Employer Occupation  
Gibraltar Technologies, Inc. President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

Transaction ID: SA11AI.5688

Amount of Each Receipt this Period  
1000.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Mr. Joseph Katter

Mailing Address 1617 JFK Boulevard Suite 1027  
1 Penn Center

City Philadelphia State PA Zip Code 19103

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

Name of Employer Joseph Katter & Associates Occupation Principal

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 05 / 12 / 2010  
**Transaction ID:** SA11AI.5923  
 Amount of Each Receipt this Period 500.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Martin I Katz

Mailing Address Two Independence Place Apt 1701  
233 S. 6th Street

City Philadelphia State PA Zip Code 19106-3755

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

Name of Employer Executive Leaders Radio Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2010  
**Transaction ID:** SA11AI.5954  
 Amount of Each Receipt this Period 500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joseph V Laragione

Mailing Address 2132 E. Susquehanna Avenue

City Philadelphia State PA Zip Code 19125

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

Name of Employer Self Occupation Artist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2010  
**Transaction ID:** SA11AI.5924  
 Amount of Each Receipt this Period 500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 52
	<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	

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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick V Larkin	Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 40 W. Front Street	<b>Transaction ID:</b> SA11AI.5956
	City State Zip Code Media PA 19063	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Gallagher Benefit Services, Inc. Attorney	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Kenneth Lawrence, Jr.	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 351 Knoll Road	<b>Transaction ID:</b> SA11AI.5926
	City State Zip Code Plymouth Meeting PA 19462	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Sr. Vice-President Temple University	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Alex V Levin	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 840 Walnut Street	<b>Transaction ID:</b> SA11AI.5994
	City State Zip Code Philadelphia PA 19107-5109	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Wills Eye Institute Physician	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 52  
(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)  
Mr. Edward Long

Mailing Address 430 N. Jackson Street

City State Zip Code  
Arlington VA 22201-1720

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

Name of Employer Van Scoyoc Associates, Inc. Occupation VP

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11AI.5972

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ben Magness

Mailing Address PO Box 810096

City State Zip Code  
Boca Raton FL 33481-0096

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

Name of Employer Self Occupation Consultant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 1 0

**Transaction ID:** SA11AI.5991

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
P Douglas Maier

Mailing Address 200 Courtney Drive

City State Zip Code  
Barrington NJ 08007-1420

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

Name of Employer Self Occupation Accountant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** SA11AI.5927

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 52  
(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)  
Joseph W Marshall, III

Mailing Address 4139 Presidential Drive

City State Zip Code  
Lafayette Hill PA 19444-1609

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

Name of Employer Occupation  
Stevens & Lee Vice Chairman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	0

Transaction ID: SA11AI.5929

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Joseph S Martz

Mailing Address 3213 W. Coulter Street

City State Zip Code  
Philadelphia PA 19129

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

Name of Employer Occupation  
Board of Director City Tr-  
usts Administrator

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	0

Transaction ID: SA11AI.5931

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Monti-Rago Funeral Home

Mailing Address 2533-35 S. Broad Street

City State Zip Code  
Philadelphia PA 19148

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.5979

Amount of Each Receipt this Period  
250.00

Receipt - Permissible Funds

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 52
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. James E Moylan		Date of Receipt
	Mailing Address PO Box 37503		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Philadelphia	PA	19148
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Moylan Chiropractic Center		Occupation Chiropractor	Transaction ID: SA11AI.5880
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 430 North Michigan Avenue		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60611
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/> C00030718
Name of Employer		Occupation	Transaction ID: SA11AI.5754
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="text" value="3000.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Jon Nelson		Date of Receipt
	Mailing Address 1405 Sumneytown Pike		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Ambler	PA	19002
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Contractor	Transaction ID: SA11AI.5936
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 52  
(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)  
Edmond F Notebaert

Mailing Address 7 Horseshoe Lane

City Paoli State PA Zip Code 19301-1909

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

Name of Employer Temple University Occupation Executive Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2010  
**Transaction ID: SA11AI.5934**  
 Amount of Each Receipt this Period 500.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Patrick S Pasquariello, III

Mailing Address 942 Black Rock Road

City Gladwyne State PA Zip Code 19035

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

Name of Employer P. Agnes Occupation VP / Principal

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2010  
**Transaction ID: SA11AI.5938**  
 Amount of Each Receipt this Period 500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Tiago D Patricio

Mailing Address 121 Windswept Drive

City Feasterville State PA Zip Code 19053

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

Name of Employer Weichert Realtors Occupation Real Estate Agent

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2010  
**Transaction ID: SA11AI.5866**  
 Amount of Each Receipt this Period 500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 52  
(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)  
John Petrongolo

Mailing Address 228 Blackwood Barnsboro Road

City State Zip Code  
Blackwood NJ 08012

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

Name of Employer Occupation  
JPC Group, Inc. Owner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.5868

Amount of Each Receipt this Period  
500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Philadelphia Eagles LLC

Mailing Address Novacare Complex  
One Novacare Way

City State Zip Code  
Philadelphia PA 19145

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11AI.5961

Amount of Each Receipt this Period  
1400.00

Receipt - Permissible Funds

**C.**

Full Name (Last, First, Middle Initial)  
Philadelphia Eagles LLC

Mailing Address Novacare Complex  
One Novacare Way

City State Zip Code  
Philadelphia PA 19145

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11AI.5962

Amount of Each Receipt this Period  
2400.00

Receipt - Permissible Funds

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 52  
(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)  
Philadelphia Eagles LLC

Mailing Address Novacare Complex  
One Novacare Way

City Philadelphia State PA Zip Code 19145

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 05 / 18 / 2010  
**Transaction ID:** SA11AI.5963  
 Amount of Each Receipt this Period: 1200.00  
 Receipt - Permissible Funds

**B.** Full Name (Last, First, Middle Initial)  
Pineville Partners

Mailing Address PO Box 311

City Pineville State PA Zip Code 18948

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 11 / 2010  
**Transaction ID:** SA11AI.5677  
 Amount of Each Receipt this Period: 1000.00  
 Receipt - Permissible Funds

**C.** Full Name (Last, First, Middle Initial)  
Marshall Le Robinson

Mailing Address 18025 W. Montebello Avenue

City Litchfield Park State AZ Zip Code 85340

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

Name of Employer Comcast Cable Occupation Regional VP

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 05 / 18 / 2010  
**Transaction ID:** SA11AI.6005  
 Amount of Each Receipt this Period: 500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2700.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen A Rogers	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address PO Box 979	<b>Transaction ID:</b> SA11AI.5989
	City State Zip Code Brooklandville MD 21022	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Self Occupation Physician Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) S.C. Main Street Associates	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 3901 B Main Street Suite 302	<b>Transaction ID:</b> SA11AI.5872
	City State Zip Code Philadelphia PA 19127	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt - Permissible Funds
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James F Samaha	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 217 Wisteria Lane	<b>Transaction ID:</b> SA11AI.5907
	City State Zip Code Media PA 19063	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Comcast Occupation RSVP Operations Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 52  
(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)  
Kathleen R Santa Maria

Mailing Address 205 Landis Avenue

City State Zip Code  
Oaklyn NJ 08107

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

Name of Employer Occupation  
Paragon Group Owner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.5870

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Frederick P Santarelli

Mailing Address 2933 S. Broad Street

City State Zip Code  
Philadelphia PA 19148

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

Name of Employer Occupation  
Elliott Greenleaf, PC Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.5899

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jane Scaccetti

Mailing Address 1845 Walnut Street

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
Drucker & Scaccetti, P.C. CPA

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.5694

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 52  
(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)  
Dr. Robert Sergott

Mailing Address 220 Cuyler's Lane

City State Zip Code  
Haverford PA 19041

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

Name of Employer Occupation  
Neuro Opthamology Associa- Neuro-Optha  
tes

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID:** SA11AI.5697

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Sprague

Mailing Address 407 Rose Lane

City State Zip Code  
Haverford PA 19041

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11AI.5975

Amount of Each Receipt this Period  
1400.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Sprague

Mailing Address 407 Rose Lane

City State Zip Code  
Haverford PA 19041

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11AI.5976

Amount of Each Receipt this Period  
2400.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 52  
(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)  
Ms Tamara S Stine

Mailing Address 212 N. Third Street #203

City State Zip Code  
Harrisburg PA 17101

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

Name of Employer Occupation  
Dublin Associates Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5966

Amount of Each Receipt this Period  
900.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ms Tamara S Stine

Mailing Address 212 N. Third Street #203

City State Zip Code  
Harrisburg PA 17101

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

Name of Employer Occupation  
Dublin Associates Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.5967

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 1446 Cranleigh Lane

City State Zip Code  
Williamstown NJ 08094

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

Name of Employer Occupation  
South Philadelphia Propane Sup Saleman

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2010

**Transaction ID:** SA11AI.5901

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 52  
(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)  
Stanton L Triester

Mailing Address 111 Presidential Blvd  
Suite 230

City State Zip Code  
Bala Cynwyd PA 19004

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

Name of Employer International Management Co. Occupation Owner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	0

**Transaction ID:** SA11AI.5905

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 10100 Meyer Point Terrace

City State Zip Code  
Potomac MD 20854

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

Name of Employer ACG Occupation Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	0

**Transaction ID:** SA11AI.6007

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joseph V. Verdi

Mailing Address 31 Aspen Drive

City State Zip Code  
Ivyland PA 18974

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

Name of Employer Self Occupation Businessman

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	0

**Transaction ID:** SA11AI.5878

Amount of Each Receipt this Period  
250.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 52  
(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)  
Josh Verne  
Mailing Address 1435 Wesleys Run  
City Gladwyne State PA Zip Code 19035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Home Line Industries Occupation President of Operations  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 05 / 11 / 2010  
Transaction ID: SA11AI.5691  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Wallace  
Mailing Address 1923 Wallace Street  
City Philadelphia State PA Zip Code 19130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wallace Securities Occupation Investments  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 500.00  
Date of Receipt 05 / 12 / 2010  
Transaction ID: SA11AI.5909  
Amount of Each Receipt this Period 500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Harvey Weiner  
Mailing Address 1301 Union Avenue  
City Pennsauken State NJ Zip Code 08110-2457  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dependable Distribution Serv Occup Owner  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 250.00  
Date of Receipt 05 / 12 / 2010  
Transaction ID: SA11AI.5882  
Amount of Each Receipt this Period 250.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**TOTAL** This Period (last page this line number only) ..... ► 56850.00

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

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

FOR LINE NUMBER: PAGE 29 / 52  
(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)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6th Street, NW  
Suite 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11C.5958

Amount of Each Receipt this Period  
 2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN PODIATRIC MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 9312 Old Georgetown Road

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 1 0

**Transaction ID:** SA11C.5987

Amount of Each Receipt this Period  
 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 Westpark Drive

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 3 / 2 0 1 0

**Transaction ID:** SA11C.5752

Amount of Each Receipt this Period  
 5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 52  
(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)  
DELAWARE VALLEY POLITICAL ACTION COMMITTEE

Mailing Address 121 S BROAD STREET SUITE 1720

City State Zip Code  
PHILADELPHIA PA 19107

FEC ID number of contributing federal political committee. **C** C00152579

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** SA11C.5891

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 1616 S. Broad Street

City State Zip Code  
Philadelphia PA 19145

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11C.5964

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELONPAC)

Mailing Address 10 South Dearborn Street

City State Zip Code  
Chicago IL 60603

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

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

**Transaction ID:** SA11C.5675

Amount of Each Receipt this Period  
1000.00

Receipt

**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)  
for each category of the  
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(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)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave. NW  
Suite 500 West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 08 / 2010

Transaction ID: SA11C.5996

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 Massachusetts Ave., NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 11 / 2010

Transaction ID: SA11C.5664

Amount of Each Receipt this Period

2000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 Massachusetts Ave., NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 18 / 2010

Transaction ID: SA11C.5947

Amount of Each Receipt this Period

3000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 32 / 52  
(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)  
NATIONAL ASSOCIATION OF LETTER CARRIERS

Mailing Address 100 INDIANA AVENUE NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C70001516

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

**Transaction ID:** SA11C.5724

Amount of Each Receipt this Period  
 2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** SA11C.5661

Amount of Each Receipt this Period  
 2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 Executive Circle

City State Zip Code  
Irving TX 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 1 0

**Transaction ID:** SA11C.5984

Amount of Each Receipt this Period  
 2500.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 52  
(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)  
PHILADELPHIA JOINT BOARD UNITE HERE TIPS

Mailing Address 22 SOUTH 22ND ST

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00165324

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11C.5951

Amount of Each Receipt this Period  
 2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
PHILADELPHIA JOINT BOARD UNITE HERE TIPS

Mailing Address 22 SOUTH 22ND ST

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00165324

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11C.5953

Amount of Each Receipt this Period  
 3000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
PNCBANKPAC

Mailing Address One PNC Plaza

City State Zip Code  
Pittsburgh PA 15222-2707

FEC ID number of contributing federal political committee. **C** C00035519

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11C.5945

Amount of Each Receipt this Period  
 2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 52  
(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)  
SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 05 / 18 / 2010  
**Transaction ID:** SA11C.5948  
 Amount of Each Receipt this Period: 3000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
SUNOCO INC. POLITICAL ACTION COMMITTEE (SUN PAC)

Mailing Address 1735 Market Street Suite LL

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00025346

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 05 / 11 / 2010  
**Transaction ID:** SA11C.5648  
 Amount of Each Receipt this Period: 2400.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
UNITE HERE TIP CAMPAIGN COMMITTEE

Mailing Address 275 7th Avenue 10th Floor

City New York State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 05 / 11 / 2010  
**Transaction ID:** SA11C.5723  
 Amount of Each Receipt this Period: 5000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10400.00

**TOTAL** This Period (last page this line number only) ..... ► 45900.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 52  
(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)  
PNC Bank  
Mailing Address PO Box 535230  
City Pittsburgh State PA Zip Code 15253  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4572.72  
Date of Receipt: 04 / 30 / 2010  
Transaction ID: SA15.5804  
Amount of Each Receipt this Period: 119.55  
MM Interest

**B.** Full Name (Last, First, Middle Initial)  
PNC Bank  
Mailing Address PO Box 535230  
City Pittsburgh State PA Zip Code 15253  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4680.06  
Date of Receipt: 05 / 31 / 2010  
Transaction ID: SA15.5805  
Amount of Each Receipt this Period: 107.34  
MM Interest

**C.** Full Name (Last, First, Middle Initial)  
PNC Bank  
Mailing Address PO Box 535230  
City Pittsburgh State PA Zip Code 15253  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4782.87  
Date of Receipt: 06 / 30 / 2010  
Transaction ID: SA15.5998  
Amount of Each Receipt this Period: 102.81  
MM Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► 329.70  
**TOTAL** This Period (last page this line number only) ..... ► 329.70

# 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.	Full Name (Last, First, Middle Initial) AOL Service	Transaction ID: SB17.5807 Date of Disbursement
	Mailing Address C/O 12518 Chilton Road	<input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Philadelphia State PA Zip Code 19154	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<input type="text" value="4.99"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) AOL Service	Transaction ID: SB17.5809 Date of Disbursement
	Mailing Address C/O 12518 Chilton Road	<input type="text" value="06"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Philadelphia State PA Zip Code 19154	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<input type="text" value="4.99"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: SB17.5840 Date of Disbursement
	Mailing Address 205 Pennsylvania Avenue SE	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Software License	<input type="text" value="2100.00"/>
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2109.98"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobile</p> <p>Mailing Address PO Box 537104</p> <p>City Atlanta State GA Zip Code 30353</p> <p>Purpose of Disbursement Wireless Telephone</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5855</p> <p>Date of Disbursement 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 137.29</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobile</p> <p>Mailing Address PO Box 537104</p> <p>City Atlanta State GA Zip Code 30353</p> <p>Purpose of Disbursement Wireless Telephone</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5854</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 138.57</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms Linda August</p> <p>Mailing Address One Bala Avenue Suite 305</p> <p>City Bala Cynwyd State PA Zip Code 19004</p> <p>Purpose of Disbursement Fund Raising Consulting</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5838</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4875.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4875.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Chops Restaurant</p> <p>Mailing Address 401 City Avenue</p> <p>City Bala Cynwyd State PA Zip Code 19004-1116</p> <p>Purpose of Disbursement Meeting</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5856</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 246.26</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chrysler Financial</p> <p>Mailing Address PO Box 9001921</p> <p>City Louisville State KY Zip Code 40290</p> <p>Purpose of Disbursement Auto Lease</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5823</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 550.06</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Chrysler Financial</p> <p>Mailing Address PO Box 9001921</p> <p>City Louisville State KY Zip Code 40290</p> <p>Purpose of Disbursement Auto Lease</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5999</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 550.06</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1100.12

**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.

Full Name (Last, First, Middle Initial)  
First National Bank VISA

Transaction ID: SB17.5815  
Date of Disbursement

Mailing Address PO Box 2557

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	0

City Omaha State NE Zip Code 68103

Amount of Each Disbursement this Period

1229.29
---------

Purpose of Disbursement  
Credit Card Payment

--

Candidate Name  
BOB BRADY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

B.

Full Name (Last, First, Middle Initial)  
First National Bank VISA

Transaction ID: SB17.5839  
Date of Disbursement

Mailing Address PO Box 2557

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City Omaha State NE Zip Code 68103

Amount of Each Disbursement this Period

988.18
--------

Purpose of Disbursement  
Credit Card Payment

--

Candidate Name  
BOB BRADY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

C.

Full Name (Last, First, Middle Initial)  
GMAC

Transaction ID: SB17.5814  
Date of Disbursement

Mailing Address PO Box 78234

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	0

City Phoenix State AZ Zip Code 85062

Amount of Each Disbursement this Period

1179.97
---------

Purpose of Disbursement  
Auto Lease

--

Candidate Name  
BOB BRADY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3397.44
---------

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

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**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.	Full Name (Last, First, Middle Initial) GMAC	Transaction ID: SB17.5847 Date of Disbursement 06 / 08 / 2010
	Mailing Address PO Box 78234	Amount of Each Disbursement this Period 1179.97
	City Phoenix State AZ Zip Code 85062	
	Purpose of Disbursement Auto Lease	
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lukoil	Transaction ID: SB17.5857 Date of Disbursement 04 / 01 / 2010
	Mailing Address 1435 CITY AVENUE	Amount of Each Disbursement this Period 73.24
	City Wynnewood State PA Zip Code 19096	
	Purpose of Disbursement Fuel	
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) M.J. Corporate Sales	Transaction ID: SB17.5845 Date of Disbursement 06 / 04 / 2010
	Mailing Address 109 West Park Drive	Amount of Each Disbursement this Period 2674.80
	City Mt. Laurel State NJ Zip Code 08054	
	Purpose of Disbursement Printing	
	Candidate Name BOB BRADY FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3854.77</b>
<b>TOTAL</b> 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.

Full Name (Last, First, Middle Initial)  
Marlyn Service Garage

Mailing Address 6560 Haverford Avenue

City Philadelphia State PA Zip Code 19151

Purpose of Disbursement  
Auto Repairs and Service

Candidate Name  
BOB BRADY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

Transaction ID: SB17.5850

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	0

Amount of Each Disbursement this Period

416.83

B.

Full Name (Last, First, Middle Initial)  
National Democratic Club

Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Membership Dues

Candidate Name  
BOB BRADY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

Transaction ID: SB17.5834

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	0

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)  
National Democratic Club

Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Membership Dues

Candidate Name  
BOB BRADY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

Transaction ID: SB17.5851

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

40.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

496.83

**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

<b>A.</b> Full Name (Last, First, Middle Initial) New Jersey EZ Pass Mailing Address PO Box 52003 City Newark State NJ Zip Code 07101-8203 Purpose of Disbursement Tolls Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5858 Date of Disbursement 03 / 27 / 2010
	Amount of Each Disbursement this Period 195.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) New Jersey EZ Pass Mailing Address PO Box 52003 City Newark State NJ Zip Code 07101-8203 Purpose of Disbursement Tolls Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5859 Date of Disbursement 05 / 12 / 2010
	Amount of Each Disbursement this Period 195.00 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) OnStar Mailing Address PO Box 1027 City Warren State MI Zip Code 48090-1027 Purpose of Disbursement Subscription Service Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5860 Date of Disbursement 04 / 22 / 2010
	Amount of Each Disbursement this Period 28.90 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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.	Full Name (Last, First, Middle Initial) OnStar	Transaction ID: SB17.5861 Date of Disbursement 05 / 22 / 2010
	Mailing Address PO Box 1027	Amount of Each Disbursement this Period 28.90
	City Warren State MI Zip Code 48090-1027	
	Purpose of Disbursement Subscription Service Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Category/Type [MEMO ITEM]
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: SB17.6004 Date of Disbursement 06 / 24 / 2010
	Mailing Address 2211 N. First Street	Amount of Each Disbursement this Period 58.90
	City San Jose State CA Zip Code 95131	
	Purpose of Disbursement PayPal Service Charge Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Philadelphia T-Shirt Museum	Transaction ID: SB17.5842 Date of Disbursement 06 / 03 / 2010
	Mailing Address 2502 West Township Line Road	Amount of Each Disbursement this Period 3184.00
	City Drexel Hill State PA Zip Code 19026	
	Purpose of Disbursement T-Shirts Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3242.90</b>
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Ristorante Panorama Mailing Address 14 N. Front Street City Philadelphia State PA Zip Code 19106 Purpose of Disbursement Fundraising Event Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5835 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	[ ]
<b>B.</b> Full Name (Last, First, Middle Initial) Sirius Satellite Radio Mailing Address C/O 12518 Chilton Road City Philadelphia State PA Zip Code 19154 Purpose of Disbursement Satellite Radio Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5849 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 169.39
	Category/ Type
	[ ]
<b>C.</b> Full Name (Last, First, Middle Initial) Sunoco Service Station Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543 City Aberdeen State MD Zip Code 21001 Purpose of Disbursement Fuel Candidate Name BOB BRADY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5862 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 231.34
	Category/ Type
	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2669.39
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sunoco Service Station</p> <p>Mailing Address 4805 JFK Hwy I-95 (MM 83) MD-543</p> <p>City Aberdeen State MD Zip Code 21001</p> <p>Purpose of Disbursement Fuel</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5863</p> <p>Date of Disbursement MM / DD / YYYY 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 407.21</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Public Record</p> <p>Mailing Address 1323 S Broad Street</p> <p>City Philadelphia State PA Zip Code 19147</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5841</p> <p>Date of Disbursement MM / DD / YYYY 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Public Record</p> <p>Mailing Address 1323 S Broad Street</p> <p>City Philadelphia State PA Zip Code 19147</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5848</p> <p>Date of Disbursement MM / DD / YYYY 06 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

800.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Union League of Philadelphia</p> <p>Mailing Address 140 S Broad Street</p> <p>City Philadelphia State PA Zip Code 19102-3083</p> <p>Purpose of Disbursement Food for Fundraiser</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5813</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2086.64</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 25505</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Wireless Telephone</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5816</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 254.47</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 25505</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Wireless Telephone</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5837</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 259.68</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2600.79
<b>TOTAL</b> This Period (last page this line number only) .....	25147.22

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Citizens for Bishop  Mailing Address 2408 N. 52nd Street  City Philadelphia State PA Zip Code 19131  Purpose of Disbursement Campaign Contribution  Candidate Name BOB BRADY FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.5826 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0  Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Lou Agre  Mailing Address PO Box 25956  City Philadelphia State PA Zip Code 19128  Purpose of Disbursement Campaign Contribution  Candidate Name BOB BRADY FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.5824 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0  Amount of Each Disbursement this Period 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Democratic Campaign Committee General Account  Mailing Address 430 S. Capitol Street SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Commitment  Candidate Name BOB BRADY FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.6002 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 0  Amount of Each Disbursement this Period 100000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	110000.00
<b>TOTAL</b> 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 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deni Playground Advisory Council  Mailing Address 1223 foulkrod Street  City Philadelphia State PA Zip Code 19124  Purpose of Disbursement Donation  Candidate Name BOB BRADY FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.5852 Date of Disbursement 06 / 15 / 2010  Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Tim Holden  Mailing Address 31 Pearl Street  City St. Clair State PA Zip Code 17970  Purpose of Disbursement Campaign Contribution  Candidate Name BOB BRADY FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.5829 Date of Disbursement 05 / 14 / 2010  Amount of Each Disbursement this Period 4000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) KENDRICK MEEK CAMPAIGN FOR CONGRESS  Mailing Address 111 NW 183rd Street Suite 325  City Miami State FL Zip Code 33169  Purpose of Disbursement Campaign Contribution  Candidate Name BOB BRADY FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.6000 Date of Disbursement 06 / 30 / 2010  Amount of Each Disbursement this Period 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MARK CRITZ FOR CONGRESS COMMITTEE</p> <p>Mailing Address 551 MAIN STREET SUITE 120</p> <p>City JOHNSTOWN State PA Zip Code 15901</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.5812</p> <p>Date of Disbursement MM / DD / YYYY 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) McClure School Student Activities Fund</p> <p>Mailing Address 600 West Hunting Park Avenue</p> <p>City Philadelphia State PA Zip Code 19140-2516</p> <p>Purpose of Disbursement Donation for Kindergarten Trip</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.5817</p> <p>Date of Disbursement MM / DD / YYYY 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address PO Box 535230</p> <p>City Pittsburgh State PA Zip Code 15253</p> <p>Purpose of Disbursement MM - Service Charge</p> <p>Candidate Name BOB BRADY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.5801</p> <p>Date of Disbursement MM / DD / YYYY 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3010.00</b>
<b>TOTAL</b> 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

A.

Full Name (Last, First, Middle Initial)  
PNC Bank

Transaction ID: SB21.5806  
Date of Disbursement

Mailing Address PO Box 535230

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

City Pittsburgh State PA Zip Code 15253

Amount of Each Disbursement this Period

Purpose of Disbursement  
Service Charge

15.00
-------

Candidate Name  
BOB BRADY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

B.

Full Name (Last, First, Middle Initial)  
PNC Bank

Transaction ID: SB21.5802  
Date of Disbursement

Mailing Address PO Box 535230

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	0

City Pittsburgh State PA Zip Code 15253

Amount of Each Disbursement this Period

Purpose of Disbursement  
MM - Service Charge

10.00
-------

Candidate Name  
BOB BRADY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

C.

Full Name (Last, First, Middle Initial)  
PNC Bank

Transaction ID: SB21.5808  
Date of Disbursement

Mailing Address PO Box 535230

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	0

City Pittsburgh State PA Zip Code 15253

Amount of Each Disbursement this Period

Purpose of Disbursement  
Service Charge

15.00
-------

Candidate Name  
BOB BRADY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

40.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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**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

A.

Full Name (Last, First, Middle Initial)  
Port Richmond on Patrol & Civic Association

Transaction ID: SB21.5822

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

Mailing Address Gaul & Tioga Streets

Amount of Each Disbursement this Period

500.00
--------

City Philadelphia State PA Zip Code 19134

Purpose of Disbursement  
Memorial Day Parade Donation

Category/ Type
-------------------

Candidate Name  
BOB BRADY FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

B.

Full Name (Last, First, Middle Initial)  
Veteran Boxers Association

Transaction ID: SB21.5831

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Mailing Address 146 Roseberry Street

Amount of Each Disbursement this Period

125.00
--------

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement  
Donation

Category/ Type
-------------------

Candidate Name  
BOB BRADY FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

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

625.00
--------

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

120175.00
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**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 52 / 52	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Democratic Campaign Committee of Philadelphia			Nature of Debt (Purpose): Loan
Mailing Address 1421 Walnut Street			
City Philadelphia	State PA	ZIP Code 19102	

Outstanding Balance Beginning This Period		Transaction ID: SD9.4599	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	5000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	5000.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	5000.00