



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 60

Write or Type Committee Name

Chris Reilly for Congress 2012

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	85165.00	277269.19
(b) Total Contribution Refunds (from Line 20(d)) .....	12000.00	12000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	73165.00	265269.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	167085.65	252057.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	167085.65	252057.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8211.85	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Chris Reilly for Congress 2012**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	68555.00	229105.00
(ii) Unitemized.....	4110.00	11664.19
(iii) TOTAL of contributions from individuals ▶	72665.00	240769.19
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	12500.00	36500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	85165.00	277269.19
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	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	85165.00	277269.19

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	167085.65	252057.34
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 .....	2500.00	2500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9500.00	9500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	12000.00	12000.00
21. OTHER DISBURSEMENTS .....	5000.00	5000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	184085.65	269057.34

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	107132.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	85165.00
25. SUBTOTAL (add Line 23 and Line 24).....	192297.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	184085.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8211.85

**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 5 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**CRAIG I. ADLER**

Mailing Address 2933 N FRONT ST

City State Zip Code  
HARRISBURG PA 17110-1250

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

Name of Employer Occupation  
CAPOZZI AND ASSOCIATES ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 16 / 2012

**Transaction ID : SA11.342**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EDWARD L. BALSAVAGE**

Mailing Address 492 CAPITAL HILL RD

City State Zip Code  
DILLSBURG PA 17019-9761

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

Name of Employer Occupation  
CMX PRINCIPAL

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

**Transaction ID : SA11.324**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JOANNE M. BANKOS**

Mailing Address 882 HERITAGE HILLS DR

City State Zip Code  
YORK PA 17402-8400

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

Name of Employer Occupation  
COLLINS-WAGNER INSURANCE BROKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : SA11.345**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

2100.00

**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 6 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD BENDER**

Mailing Address 1118 LAUREL DR

City YORK State PA Zip Code 17404-9181

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

Name of Employer MORGAN COLLINS Occupation REALTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012

**Transaction ID : SA11.299**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR CATHERINE H. BENE M.D.**

Mailing Address P.O. BOX 3528

City YORK State PA Zip Code 17402-0528

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2012

**Transaction ID : SA11.379**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address 627 EAST 6TH STREET  
APT 3

City NEW YORK State NY Zip Code 10009-6806

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

Name of Employer LQC PARTNERS, LLC Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : SA11.397**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**850.00**

**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 7 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MINDY V. BOUMAN**

Mailing Address P.O. BOX 26

City State Zip Code  
GLEN ROCK PA 17327-0026

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

Name of Employer Occupation  
SELF EMPLOYED MEDIA PERSONALITY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 15 / 2012

**Transaction ID : SA11.330**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. JAMES M. BOYLE III**

Mailing Address 1365 TRINITY CHURCH RD.

City State Zip Code  
WRIGHTSVILLE PA 17368-9207

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

Name of Employer Occupation  
SUSQUEHANNA ORAL & MAX SURG ORAL SURGEON

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 12 / 2012

**Transaction ID : SA11.304**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANE M. BOYLE**

Mailing Address 1365 TRINITY CHURCH RD.

City State Zip Code  
WRIGHTSVILLE PA 17368-9207

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 12 / 2012

**Transaction ID : SA11.303**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

600.00

**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 8 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**JONATHAN R. BRAY**

Mailing Address 116 N YORK ST

City State Zip Code  
ETTERS PA 17319-8956

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

Name of Employer Occupation  
SELF-EMPLOYED COMPUTER CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : SA11.343**

Amount of Each Receipt this Period  
400.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DARELL R. CAMMACK JR**

Mailing Address 9030 SUNNI SHADE COURT

City State Zip Code  
PERRY HALL MD 21128-9222

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

Name of Employer Occupation  
PA NURSING HOME FACILITIES NURSING HOME OPERATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2012

**Transaction ID : SA11.386**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. VERONICA M. CARTER**

Mailing Address 7018 BEECHWOOD DR

City State Zip Code  
CHEVY CHASE MD 20815-5176

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC(H) HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2012

**Transaction ID : SA11.365**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2400.00



**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 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**WARREN D. COLE**

Mailing Address **641 LEXINGTON AVE**  
**31ST FLOOR**

City **NEW YORK** State **NY** Zip Code **10022-4503**

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

Name of Employer **POST ACUTE PARTNERS** Occupation **CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 26 / 2012**

**Transaction ID : SA11.390**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT M. COLVER**

Mailing Address **19713 SPRING CREEK RD**

City **HAGERSTOWN** State **MD** Zip Code **21742-2534**

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

Name of Employer **WILKINGSBURG NURSING HOME** Occupation **OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2012**

**Transaction ID : SA11.317**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KIM T. COON**

Mailing Address **1822 SIGNAL HILL DRIVE**

City **MECHANICSBURG** State **PA** Zip Code **17050-1657**

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

Name of Employer **BLUE VASE CONSULTING** Occupation **PRESIDENT/CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 27 / 2012**

**Transaction ID : SA11.396**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**4500.00**

**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 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM A. CORNELL ESQ.**

Mailing Address 222 SOUTH FRONT ST

City State Zip Code  
WORMLEYSBURG PA 17043-1336

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 09 / 2012

**Transaction ID : SA11.275**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FRANK COUNTESS**

Mailing Address 555 HIGHLAND TER

City State Zip Code  
YORK PA 17403-3618

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

Name of Employer Occupation  
CGA LAW FIRM ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 12 / 2012

**Transaction ID : SA11.306**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. L. ANDERSON DAUB**

Mailing Address 2800 N. DELAWARE DR.

City State Zip Code  
EASTON PA 18040-7335

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

Name of Employer Occupation  
DAUB CHEVROLET OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 09 / 2012

**Transaction ID : SA11.271**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**KATHY D. DIETZ**

Mailing Address 1465 COFFEE MILL LN

City YORK State PA Zip Code 17406-2123

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : SA11.398**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DANIEL C. DONAHUE**

Mailing Address P.O. BOX 276 A

City WAYNE State PA Zip Code 19087-0276

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

Name of Employer FALCON DRILLING Occupation PRESIDENT

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012

**Transaction ID : SA11.337**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION  
 EARMARK CONTRIBUTION FAMILY PAC

**C.** Full Name (Last, First, Middle Initial)  
**J. CHRISTOPHER DONAHUE**

Mailing Address 1300 BEECHWOOD BLVD

City PITTSBURGH State PA Zip Code 15217-1325

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

Name of Employer FEDERATED INVESTORS Occupation CEO

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012

**Transaction ID : SA11.357**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3500.00

**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 12 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES C. DONAHUE**

Mailing Address **P.O. BOX 276 A**

City **WAYNE** State **PA** Zip Code **19087-0276**

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

Name of Employer **HOLY FAMILY INST.** Occupation **COUNSELOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2012**

**Transaction ID : SA11.338**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

EARMARK CONTRIBUTION FAMILY PAC

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS R. DONAHUE**

Mailing Address **1001 LIBERTY AVE  
STE 850**

City **PITTSBURGH** State **PA** Zip Code **15222-3718**

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

Name of Employer **FEDERATED INVESTORS** Occupation **CFO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2012**

**Transaction ID : SA11.362**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

Mailing Address **3 CARLTON ST**

City **CAMP HILL** State **PA** Zip Code **17011**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 26 / 2012**

**Transaction ID : SA11.387**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

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

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

**5000.00**

**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 13 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**BARRY M. FELDSCHER**

Mailing Address 1904 CHAMPLAIN DR

City: VOORHEES State: NJ Zip Code: 08043-2871

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 26 / 2012

**Transaction ID : SA11.391**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN B. FISHER**

Mailing Address 6949 ROSEWOOD ST

City: PITTSBURGH State: PA Zip Code: 15208-2638

FEC ID number of contributing federal political committee: C

Name of Employer: FEDERATED INVESTORS Occupation: PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 20 / 2012

**Transaction ID : SA11.358**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN G. FRISCH**

Mailing Address 1748 OLMSTED WAY W

City: CAMP HILL State: PA Zip Code: 17011-8424

FEC ID number of contributing federal political committee: C

Name of Employer: HIGHER INFORMATION GROUP Occupation: PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 16 / 2012

**Transaction ID : SA11.340**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

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

2500.00

**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 14 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**LINDA LEE GATES**

Mailing Address 551 HARVEST LN.

City State Zip Code  
MECHANICSBURG PA 17055-4487

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2012

**Transaction ID : SA11.289**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY J. GRACIANO**

Mailing Address 209 SIGMA DR

City State Zip Code  
PITTSBURGH PA 15238-2826

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

Name of Employer Occupation  
GRANE HEALTHCARE CO. DESIGNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2012

**Transaction ID : SA11.269**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BRADLY W. GRAFFIUS**

Mailing Address 2790 SKY TOP TRAIL

City State Zip Code  
DOVER PA 17315-2538

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

Name of Employer Occupation  
COMMONWEALTH BENEFITS GROUP PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 16 / 2012

**Transaction ID : SA11.341**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

5000.00

**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 15 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**AKIVA GRUNEWALD**

Mailing Address **E 26TH ST**

City **BROOKLYN** State **NY** Zip Code **11210**

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

Name of Employer **GLOBAL HEALTHCARE SERVICES GROUP** Occupation **EXECUTIVE VP**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2012**

**Transaction ID : SA11.319**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DOUGLAS E. HALBERT**

Mailing Address **4200 PROSPEROUS DR**

City **HARRISBURG** State **PA** Zip Code **17112-6000**

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

Name of Employer **CLASSIC COMMUNITIES CORP** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2012**

**Transaction ID : SA11.355**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RONALD A. HALKO**

Mailing Address **115 N MAIN AVE**

City **SCRANTON** State **PA** Zip Code **18504-3308**

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

Name of Employer **NEW HOPE HEALTHCARE** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2012**

**Transaction ID : SA11.322**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**4000.00**

**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 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**TERRY L. HARRIS**

Mailing Address 2214 EAGLESMOOR LN

City ENOLA State PA Zip Code 17025-1340

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

Name of Employer TERRY MCKONLY & ASSOC. Occupation ACCOUNTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012

**Transaction ID : SA11.316**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ELMER W. HEINEL**

Mailing Address 9 PROSPECT HILL

City SUMMIT State NJ Zip Code 07901-3705

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

Name of Employer NJ REPUBLICAN STATE COMMITTEE Occupation GOVERNMENT RELATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2012

**Transaction ID : SA11.376**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GLEN R. JOHNSON**

Mailing Address 4700 ELLSWORTH AVE  
NO. 17

City PITTSBURGH State PA Zip Code 15213-2800

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

Name of Employer FEDERATED INVESTORS Occupation EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012

**Transaction ID : SA11.361**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2500.00



**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 17 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**J. ROBERT KATHERMAN**

Mailing Address 60 DOERSAM CT

City YORK State PA Zip Code 17406-6916

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2012

**Transaction ID : SA11.332**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MIKE W. KING**

Mailing Address 1067 ELLIOT LN

City YORK State PA Zip Code 17403-3407

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

Name of Employer STOCK AND LEADER, LLP Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2012

**Transaction ID : SA11.354**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHERYL V. KISSLING**

Mailing Address 3075 TROUT RUN RD

City YORK State PA Zip Code 17406-6952

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2012

**Transaction ID : SA11.380**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

**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 18 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**LEON E. LEBRETON**

Mailing Address **813 COOPERS COURT**

City **LANCASTER** State **PA** Zip Code **17601-1477**

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

Name of Employer **LANCASTER GROUP** Occupation **CONSULTANT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2012**

**Transaction ID : SA11.323**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EUGENE F. MALONEY**

Mailing Address **1100 LIBERTY AVE  
APT 1221**

City **PITTSBURGH** State **PA** Zip Code **15222-4248**

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

Name of Employer **FEDERATED INVESTORS** Occupation **EXECUTIVE VP**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2012**

**Transaction ID : SA11.360**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KRISTINE E. MCGINLEY**

Mailing Address **P.O. BOX 276 A**

City **WAYNE** State **PA** Zip Code **19087-0276**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2012**

**Transaction ID : SA11.336**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**EARMARK CONTRIBUTION FAMILY PAC**

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

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

**4000.00**

**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 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN E. MCGLADE**

Mailing Address 2112 LORING DR.

City ALLENTOWN State PA Zip Code 18104-9635

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

Name of Employer AIR PRODUCTS & CHEMICALS, INC. Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2012

**Transaction ID : SA11.291**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN W. MCGONIGLE**

Mailing Address 9739 NIBLICK LN  
BAY COLONY ESTATES

City NAPLES State FL Zip Code 34108-1925

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

Name of Employer FEDERATED INVESTORS Occupation VICE CHAIRMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012

**Transaction ID : SA11.363**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1670 NORTHVIEW RD

City YORK State PA Zip Code 17406-2446

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2012

**Transaction ID : SA11.333**

Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

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

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

2075.00

**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 20 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD MOLFETTA**

Mailing Address 174 DOXBURY LN

City State Zip Code  
SUFFERN NY 10901-7270

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

Name of Employer Occupation  
SKYLINE HEALTHCARE COO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 26 / 2012

**Transaction ID : SA11.388**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM R. MONTONE**

Mailing Address 11 CLEMSON DR.

City State Zip Code  
CAMP HILL PA 17011-7619

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2012

**Transaction ID : SA11.297**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR JAMES P. MURPHY**

Mailing Address 2970 BROXTON LN

City State Zip Code  
YORK PA 17402-3823

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

Name of Employer Occupation  
YORKTOWNE BUS INST & SCHOOL OF CUL. PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 12 / 2012

**Transaction ID : SA11.308**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

2600.00

**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 21 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL NATIRBOFF**

Mailing Address 4138 WIMBLEDON DR

City State Zip Code  
HARRISBURG PA 17112-1037

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

Name of Employer Occupation  
CAPOZZI & ASSOC. ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 13 / 2012

**Transaction ID : SA11.321**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAULA B. PIACENTI**

Mailing Address P.O. BOX 158

City State Zip Code  
CONYNGHAM PA 18219-0158

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2012

**Transaction ID : SA11.290**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS T. POSAVEC**

Mailing Address 281 MATAMORAS RD

City State Zip Code  
HALIFAX PA 17032-9698

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

Name of Employer Occupation  
LANDMARK COMMERCIAL REALTY SENIOR VP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 13 / 2012

**Transaction ID : SA11.325**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3500.00

**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 22 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN E. POTTER**

Mailing Address 9704 MILL RUN RD

City State Zip Code  
GREAT FALLS VA 22066-1815

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

Name of Employer Occupation  
SUNRISE VILLA RESORT/RETIRED OWNER/RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : SA11.352**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEANNE POTTER**

Mailing Address 9704 MILL RUN RD

City State Zip Code  
GREAT FALLS VA 22066-1815

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11.399**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

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

Mailing Address 9704 MILL RUN RD

City State Zip Code  
GREAT FALLS VA 22066-1815

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11.399B**

Amount of Each Receipt this Period  
-2000.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

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

2000.00

**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 23 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**JEANNE POTTER**

Mailing Address 9704 MILL RUN RD

City State Zip Code  
GREAT FALLS VA 22066-1815

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11.400**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN E. POTTER**

Mailing Address 9704 MILL RUN RD

City State Zip Code  
GREAT FALLS VA 22066-1815

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

Name of Employer Occupation  
SUNRISE VILLA RESORT/RETIRED OWNER/RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11.352B**

Amount of Each Receipt this Period  
-2000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**SONYA R. RANKER**

Mailing Address 2375 FOREST HILLS DR

City State Zip Code  
HARRISBURG PA 17112-1087

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

Name of Employer Occupation  
SELF-EMPLOYED PERSONAL TRAINER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

**Transaction ID : SA11.320**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

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

2000.00

**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 24 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**DONALD R. REAVEY**

Mailing Address 447 TOURIST PARK RD

City HALIFAX State PA Zip Code 17032-9560

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

Name of Employer CAPOZZI AND ASSOC. Occupation LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
505.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012

**Transaction ID : SA11.312**

Amount of Each Receipt this Period  
 5.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DONALD R. REAVEY**

Mailing Address 447 TOURIST PARK RD

City HALIFAX State PA Zip Code 17032-9560

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

Name of Employer CAPOZZI AND ASSOC. Occupation LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
505.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : SA11.348**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JUDITH R. REAVEY**

Mailing Address 1722 LAKEVIEW AVE

City CAMDEN State SC Zip Code 29020-2729

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : SA11.351**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1005.00



**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 25 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY L. REHMEYER II**

Mailing Address 2735 WOODSPRING DR.

City YORK State PA Zip Code 17402-8522

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

Name of Employer CGA LAW FIRM Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2012

**Transaction ID : SA11.288**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARK W. ROGERS**

Mailing Address 5403 TALON COURT

City CLARKSVILLE State MD Zip Code 21029-1142

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

Name of Employer VALENTE & ASSOCIATES Occupation OF COUNSEL

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2012

**Transaction ID : SA11.327**

Amount of Each Receipt this Period  
 1250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LEWIS D. RONCA**

Mailing Address 179 MIKRON RD

City BETHLEHEM State PA Zip Code 18020-9476

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

Name of Employer M F RONCA AND SONS Occupation CONTRACTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012

**Transaction ID : SA11.364**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2500.00

**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 26 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**W. GREG ROTHMAN**

Mailing Address **ONE GUNPOWDER RD**

City **MECHANICSBURG** State **PA** Zip Code **17050-7338**

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

Name of Employer **RSR REAL ESTATE** Occupation **PRINCIPAL**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2012**

**Transaction ID : SA11.339**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD R. RUDA**

Mailing Address **2 DERBYSHIRE DR**

City **CARLISLE** State **PA** Zip Code **17015-9259**

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

Name of Employer **RESOURCE GROUP** Occupation **OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2012**

**Transaction ID : SA11.318**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **220 DOUBLEDAY AVE**

City **GETTYSBURG** State **PA** Zip Code **17325-8519**

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

Name of Employer **SELF** Occupation **REAL ESTATE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2012**

**Transaction ID : SA11.378**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**2500.00**

**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 27 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**PETE SNYDER**

Mailing Address 2105 WAKEFIELD CT

City State Zip Code  
ALEXANDRIA VA 22307-1153

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

Name of Employer Occupation  
DISRUPTOR CAPITAL CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2012

**Transaction ID : SA11.392**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETE SNYDER**

Mailing Address 2105 WAKEFIELD CT

City State Zip Code  
ALEXANDRIA VA 22307-1153

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

Name of Employer Occupation  
DISRUPTOR CAPITAL CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2012

**Transaction ID : SA11.392B**

Amount of Each Receipt this Period  
-2500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address 2105 WAKEFIELD CT

City State Zip Code  
ALEXANDRIA VA 22307-1153

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

Name of Employer Occupation  
DISRUPTOR CAPITAL CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2012

**Transaction ID : SA11.394**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

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

5000.00

**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 28 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**ALISON L. TERRIT**

Mailing Address 1917 LAKE MARSHALL DR

City State Zip Code  
GIBSONIA PA 15044-7434

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 20 / 2012

**Transaction ID : SA11.359**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE W. THORNTON**

Mailing Address 1040 BOX HILL LN

City State Zip Code  
YORK PA 17403-4436

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 12 / 2012

**Transaction ID : SA11.301**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CLAUDIA B. VALENTE III**

Mailing Address 7055 LEESTONE ST

City State Zip Code  
SPRINGFIELD VA 22151-3520

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 14 / 2012

**Transaction ID : SA11.326**

Amount of Each Receipt this Period  
1250.00  
CONTRIBUTION

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 29 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS WERNOCH**

Mailing Address 3637 WILDFLOWER LN

City MOUNTVILLE State PA Zip Code 17554-1142

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

Name of Employer GLATFELTER PAPER Occupation DIR OF SALES

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2012

**Transaction ID : SA11.268**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRIAN WILD**

Mailing Address 7616 RANGE RD

City ALEXANDRIA State VA Zip Code 22306-2424

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

Name of Employer MEHLMAN VOGEL CASTAGNETTI Occupation LOBBYIST

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2012

**Transaction ID : SA11.353**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN D. WILSON**

Mailing Address 16000 BACONSFIELD LN

City MONKTON State MD Zip Code 21111-1541

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

Name of Employer WILMAC CORP Occupation EXECUTIVE VP

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2012

**Transaction ID : SA11.285**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

CONTRIBUTION

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

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

\_\_\_\_\_ 1750.00

\_\_\_\_\_

**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 30 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM T. YANAVITCH II**

Mailing Address 2837 DEER CHASE LN

City YORK State PA Zip Code 17403-9589

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

Name of Employer GLATFELTER Occupation VP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2012

**Transaction ID : SA11.371**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GERALD D. YINGST**

Mailing Address 1700 BLUE MOUNTAIN PARKWAY

City HARRISBURG State PA Zip Code 17112-9593

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

Name of Employer GREYLAG CORP Occupation PROPERTY MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2012

**Transaction ID : SA11.375**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 2337 WEDGEWOOD WAY

City YORK State PA Zip Code 17408-9464

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

Name of Employer BAE SYSTEMS Occupation PROGRAM DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2012

**Transaction ID : SA11.384**

Amount of Each Receipt this Period  
 425.00  
 CONTRIBUTION

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

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

1175.00

68555.00

**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 31 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A. AMERISOURCEBERGEN CORPORATION PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1300 MORRIS DR  
STE 100

City CHESTERBROOK State PA Zip Code 19087-5559

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2012

**Transaction ID : SA11.274**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B. CAPOZZI AND ASSOCIATES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2933 NORTH FRONT ST

City HARRISBURG State PA Zip Code 17110-1250

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 24 / 2012

**Transaction ID : SA11.374**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C. EAGLE FORUM PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 618

City ALTON State IL Zip Code 62002-0618

FEC ID number of contributing federal political committee. **C** C00103937

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2012

**Transaction ID : SA11.270**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00

**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 32 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

**A. FAMILY PAC**

Full Name (Last, First, Middle Initial)  
**FAMILY PAC**

Mailing Address **1001 LIBERTY AVE.  
STE. 850**

City **PITTSBURGH** State **PA** Zip Code **15222-3718**

FEC ID number of contributing federal political committee. **C C00336842**

Name of Employer **FAMILY PAC** Occupation **PAC**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 09 / 2012**

**Transaction ID : SA11.284**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

**B. FINANCIAL SERVICES PAC**

Full Name (Last, First, Middle Initial)  
**FINANCIAL SERVICES PAC**

Mailing Address **1001 LIBERTY AVE**

City **PITTSBURGH** State **PA** Zip Code **15222-3715**

FEC ID number of contributing federal political committee. **C C00438051**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 20 / 2012**

**Transaction ID : SA11.356**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**C. FUND FOR AMERICAN OPPORTUNITY PAC**

Full Name (Last, First, Middle Initial)  
**FUND FOR AMERICAN OPPORTUNITY PAC**

Mailing Address **P.O. BOX 65796**

City **WASHINGTON** State **DC** Zip Code **20035-5796**

FEC ID number of contributing federal political committee. **C C00336297**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 14 / 2012**

**Transaction ID : SA11.328**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**9500.00**

**12500.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. MATTHEW R. FALVEY</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2012	
Mailing Address 30 HUDSON DR			Amount of Each Disbursement this Period 750.00	
City YORK	State PA	Zip Code 17402	Transaction ID : SB.61	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ALEX JOHNSON</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012	
Mailing Address 829 LINCOLN ST			Amount of Each Disbursement this Period 7851.20	
City DOWNERS GROVE	State IL	Zip Code 60515	Transaction ID : SB.50	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ALEX JOHNSON</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012	
Mailing Address 829 LINCOLN ST			Amount of Each Disbursement this Period 500.00	
City DOWNERS GROVE	State IL	Zip Code 60515	Transaction ID : SB.60	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9101.20
<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)		PAGE 34 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. JOHN MACDONALD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 3608 PLEASANT VALLEY ROAD		Amount of Each Disbursement this Period 500.00
City YORK	State PA Zip Code 17406	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Transaction ID : SB.58
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH MCGARRITY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 821 GRIFFITH STREET		Amount of Each Disbursement this Period 1675.24
City PHILADELPHIA	State PA Zip Code 19111	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Transaction ID : SB.33
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH MCGARRITY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 821 GRIFFITH STREET		Amount of Each Disbursement this Period 1768.93
City PHILADELPHIA	State PA Zip Code 19111	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Transaction ID : SB.57
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3944.17
<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)	PAGE 35 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. 2300 EAST MARKET STREET LP</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 950 SMILE WAY			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB.4</b>
City YORK	State PA	Zip Code 17404	
Purpose of Disbursement RENT		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. 2300 EAST MARKET STREET LP</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 950 SMILE WAY			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB.55</b>
City YORK	State PA	Zip Code 17404	
Purpose of Disbursement RENT		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. ALTLAND HOUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address P.O. BOX 448			Amount of Each Disbursement this Period 122.96 <b>Transaction ID : SB.17</b>
City ABBOTSTOWN	State PA	Zip Code 17301	
Purpose of Disbursement CATERING		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1122.96
<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)	PAGE 36 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. AROOGA'S</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 1211 HAINES ROAD		Amount of Each Disbursement this Period 29.05
City YORK	State PA Zip Code 17402	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Transaction ID : SB.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. BASSWOOD RESEARCH</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 4550 MONTGOMERY AVE		Amount of Each Disbursement this Period 14680.00
City BETHESDA	State MD Zip Code 20814	
Purpose of Disbursement SURVEY RESEARCH	Candidate Name	Transaction ID : SB.5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN RESEARCH ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 6582 IRVIN COURT		Amount of Each Disbursement this Period 3500.00
City ALEXANDRIA	State VA Zip Code 22312	
Purpose of Disbursement RESEARCH CONSULTING SVC	Candidate Name	Transaction ID : SB.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18209.05
<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)		PAGE 37 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN RESEARCH ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 23 / 2012</b>
Mailing Address <b>6582 IRVIN COURT</b>		Amount of Each Disbursement this Period <b>166.65</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22312</b>	Purpose of Disbursement <b>RESEARCH CONSULTING SVC</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB.44</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN RESEARCH ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 05 / 2012</b>
Mailing Address <b>6582 IRVIN COURT</b>		Amount of Each Disbursement this Period <b>1217.27</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22312</b>	Purpose of Disbursement <b>RESEARCH CONSULTING SVC</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB.6</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 05 / 2012</b>
Mailing Address <b>6243 AUBURN LEAF LN</b>		Amount of Each Disbursement this Period <b>319.12</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22312</b>	Purpose of Disbursement <b>CATERING</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB.2</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1703.04</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)	PAGE 38 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. COLK SPARK MEDIA</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012	
Mailing Address 5 CRAIG CT			Amount of Each Disbursement this Period 9,999.99 5810.00	
City PITTSBURGH	State PA	Zip Code 15228	Transaction ID : <b>SB.39</b>	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. COLK SPARK MEDIA</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012	
Mailing Address 5 CRAIG CT			Amount of Each Disbursement this Period 9,999.99 3375.00	
City PITTSBURGH	State PA	Zip Code 15228	Transaction ID : <b>SB.69</b>	
Purpose of Disbursement SURVEY RESEARCH/GRAPHIC DESIGN		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. COLUMBIA GAS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2012	
Mailing Address 1020 NORTH HARTLEY STREET			Amount of Each Disbursement this Period 9,999.99 71.08	
City YORK	State PA	Zip Code 17404	Transaction ID : <b>SB.37</b>	
Purpose of Disbursement UTILITIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9256.08
<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)		PAGE 39 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. COLUMBIA GAS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 1020 NORTH HARTLEY STREET		Amount of Each Disbursement this Period 12.90
City YORK	State PA Zip Code 17404	
Purpose of Disbursement UTILITIES	Candidate Name	Transaction ID : SB.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address P.O. BOX 3005		Amount of Each Disbursement this Period 645.54
City SOUTHEASTERN	State PA Zip Code 19398	
Purpose of Disbursement UTILITIES	Candidate Name	Transaction ID : SB.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. COMPLIANCE CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 1025.00
City MCLEAN	State VA Zip Code 22101	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Transaction ID : SB.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1683.44
<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)		PAGE 40 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. COMPLIANCE CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 28 / 2012</b>
Mailing Address <b>PO BOX 365</b>		Amount of Each Disbursement this Period <b>1025.00</b> <b>Transaction ID : SB.71555</b>
City <b>MCLEAN</b>	State <b>VA</b>	
Zip Code <b>22101</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. COURTYARD MARRIOT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2012</b>
Mailing Address <b>2799 CONCORD RD</b>		Amount of Each Disbursement this Period <b>167.86</b> <b>Transaction ID : SB.54</b>
City <b>YORK</b>	State <b>PA</b>	
Zip Code <b>17402</b>	Purpose of Disbursement <b>TRAVEL</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CRS CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2012</b>
Mailing Address <b>300 RIVERSHORE LN</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB.53</b>
City <b>STEVENSVILLE</b>	State <b>MD</b>	
Zip Code <b>21666</b>	Purpose of Disbursement <b>POLITICAL STRATEGY CONSULTING</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1692.86</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)	PAGE 41 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. FAST COPY EAST</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012	
Mailing Address 2300 E. MARKET ST			Amount of Each Disbursement this Period 642.22	
City YORK	State PE	Zip Code 17402	Transaction ID : SB.26	
Purpose of Disbursement PRINTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FOLEY &amp; LARDNER, LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012	
Mailing Address WASHINGTON HARBOUR 3000 K. ST. NW			Amount of Each Disbursement this Period 595.00	
City WASHINGTON	State DC	Zip Code 20007	Transaction ID : SB.70	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FUDDRUCKERS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012	
Mailing Address 2300 E MARKET ST			Amount of Each Disbursement this Period 6.34	
City YORK	State PA	Zip Code 17402	Transaction ID : SB.27	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	642.22
<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)	PAGE 42 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. FUDDRUCKERS</b>			Date of Disbursement MM / DD / YYYY 04 / 24 / 2012
Mailing Address 2300 E MARKET ST			Amount of Each Disbursement this Period 53.48 <b>Transaction ID : SB.49</b>
City YORK	State PA	Zip Code 17402	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2012
Mailing Address 1600 AMPHITHEATRE PKWY			Amount of Each Disbursement this Period 17.49 <b>Transaction ID : SB.67</b>
City MOUNTAIN VIEW	State CA	Zip Code 94043	
Purpose of Disbursement WEB SVC		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1600 AMPHITHEATRE PKWY			Amount of Each Disbursement this Period 5.00 <b>Transaction ID : SB.77</b>
City MOUNTAIN VIEW	State CA	Zip Code 94043	
Purpose of Disbursement WEB SVC		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.97
<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)	PAGE 43 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial)  
**A. HSP DIRECT**

Mailing Address 13755 SUNRISE VALLEY DR

City HERNDON State VA Zip Code 20171

Purpose of Disbursement GRAPHIC DESIGN

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 10 / 2012

Amount of Each Disbursement this Period: 1062.72

Transaction ID : SB.13

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

Mailing Address 725 8TH ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 11 / 2012

Amount of Each Disbursement this Period: 10.80

Transaction ID : SB.21

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

Mailing Address 725 8TH ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 18 / 2012

Amount of Each Disbursement this Period: 180.00

Transaction ID : SB.34

**SUBTOTAL** of Disbursements This Page (optional) ..... 1253.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. ICONTRIBUTE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 25 / 2012</b>
Mailing Address <b>725 8TH ST. SE</b>		Amount of Each Disbursement this Period <b>229.50</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20003</b>	Purpose of Disbursement <b>CREDIT CARD MERCHANT FEES</b>	<b>Transaction ID : SB.51</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ICONTRIBUTE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 02 / 2012</b>
Mailing Address <b>725 8TH ST. SE</b>		Amount of Each Disbursement this Period <b>6.75</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20003</b>	Purpose of Disbursement <b>CREDIT CARD MERCHANT FEES</b>	<b>Transaction ID : SB.68</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 23 / 2012</b>
Mailing Address <b>2632 MARINE WAY</b>		Amount of Each Disbursement this Period <b>24.25</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	
Zip Code <b>94043</b>	Purpose of Disbursement <b>SUBSCRIPTION</b>	<b>Transaction ID : SB.41</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>260.50</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)	PAGE 45 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 24.25
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement SUBSCRIPTION	
Candidate Name	Category/Type	Transaction ID : SB.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 25.71
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement SUBSCRIPTION	
Candidate Name	Category/Type	Transaction ID : SB.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MDI IMAGING AND MAIL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 21955 CASCADES PARKWAY		Amount of Each Disbursement this Period 5178.87
City DULLES State VA Zip Code 20166	Purpose of Disbursement PRINTING/POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5228.83
<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)	PAGE 46 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. METRO BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 2160 S. QUEEN ST			Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB.22</b>
City YORK	State PA	Zip Code 17402	
Purpose of Disbursement BANK FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. METRO BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 2160 S. QUEEN ST			Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB.24</b>
City YORK	State PA	Zip Code 17402	
Purpose of Disbursement BANK FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. METRO BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 2160 S. QUEEN ST			Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB.32</b>
City YORK	State PA	Zip Code 17402	
Purpose of Disbursement BANK FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.00
<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)	PAGE 47 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. MH MEDIA, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 11 / 2012</b>	
Mailing Address <b>7801 NORFOLK AVE</b>			Amount of Each Disbursement this Period <b>35000.00</b>	
City <b>BETHESDA</b>	State <b>MD</b>	Zip Code <b>20814</b>	Transaction ID : <b>SB.20</b>	
Purpose of Disbursement <b>MEDIA</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. MH MEDIA, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 13 / 2012</b>	
Mailing Address <b>7801 NORFOLK AVE</b>			Amount of Each Disbursement this Period <b>25000.00</b>	
City <b>BETHESDA</b>	State <b>MD</b>	Zip Code <b>20814</b>	Transaction ID : <b>SB.23</b>	
Purpose of Disbursement <b>MEDIA</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. MH MEDIA, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 17 / 2012</b>	
Mailing Address <b>7801 NORFOLK AVE</b>			Amount of Each Disbursement this Period <b>20000.00</b>	
City <b>BETHESDA</b>	State <b>MD</b>	Zip Code <b>20814</b>	Transaction ID : <b>SB.31</b>	
Purpose of Disbursement <b>MEDIA</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>80000.00</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)	PAGE 48 OF 60		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. MH MEDIA, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 7801 NORFOLK AVE		Amount of Each Disbursement this Period 2382.00
City BETHESDA	State MD	
Zip Code 20814	Purpose of Disbursement MEDIA PRODUCTION	Transaction ID : SB.74
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MH MEDIA, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 7801 NORFOLK AVE		Amount of Each Disbursement this Period 1539.00
City BETHESDA	State MD	
Zip Code 20814	Purpose of Disbursement MEDIA PRODUCTION	Transaction ID : SB.8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NOVA LIST COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 44845 FALCON PLACE		Amount of Each Disbursement this Period 1180.90
City DULLES	State VA	
Zip Code 20166	Purpose of Disbursement LIST RENTAL	Transaction ID : SB.14
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5101.90
<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)	PAGE 49 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. OFFICEMAX</b>			Date of Disbursement MM / DD / YYYY 04 / 20 / 2012	
Mailing Address 2435 E. MARKET ST.			Amount of Each Disbursement this Period 948.54	
City YORK	State PA	Zip Code 17402	Transaction ID : SB.35	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. OFFICEMAX</b>			Date of Disbursement MM / DD / YYYY 04 / 23 / 2012	
Mailing Address 2435 E. MARKET ST.			Amount of Each Disbursement this Period 10.60	
City YORK	State PA	Zip Code 17402	Transaction ID : SB.42	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. POLITICAL CALLS NOW</b>			Date of Disbursement MM / DD / YYYY 04 / 16 / 2012	
Mailing Address 2410 W. MEMORIAL RD			Amount of Each Disbursement this Period 850.00	
City OKLAHOMA CITY	State OK	Zip Code 73134	Transaction ID : SB.28	
Purpose of Disbursement MESSAGE PHONE CALLS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	948.54
<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)	PAGE 50 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. POLITICAL CALLS NOW</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012		
Mailing Address 2410 W. MEMORIAL RD			Amount of Each Disbursement this Period 1021.49		
City OKLAHOMA CITY	State OK	Zip Code 73134	Transaction ID : SB.47		
Purpose of Disbursement MESSAGE PHONE CALLS		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. QUANTUM COMMUNICATIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012		
Mailing Address 123 STATE STREET			Amount of Each Disbursement this Period 8252.52		
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SB.7		
Purpose of Disbursement GRAPHIC DESIGN		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. REAM PRINTING COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012		
Mailing Address 515 FARBROOK LN.			Amount of Each Disbursement this Period 5184.38		
City YORK	State PA	Zip Code 17405	Transaction ID : SB.18		
Purpose of Disbursement PRINTING/POSTAGE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14458.39
<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)	PAGE 51 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. SHEETZ</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 4025 W. MARKET ST		Amount of Each Disbursement this Period 75.00
City YORK	State PA Zip Code 17403	
Purpose of Disbursement TRAVEL	Category/Type	<b>Transaction ID : SB.10</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 965 LOUCKS ST.		Amount of Each Disbursement this Period 24.37
City YORK	State PA Zip Code 17404	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	<b>Transaction ID : SB.36</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SUNRISE DATA SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 13755 SUNRISE VALLEY D		Amount of Each Disbursement this Period 282.71
City HERNDON	State VA Zip Code 20171	
Purpose of Disbursement LIST RENTAL	Category/Type	<b>Transaction ID : SB.16</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	382.08
<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)	PAGE 52 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial)  
**A. TAILGATERS AND DRAFTHOUSE**

Mailing Address 204 SAINT CHARLES WAY

City YORK State PA Zip Code 17402

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 09 / 2012

Amount of Each Disbursement this Period  
90.19

Transaction ID : SB.12

Full Name (Last, First, Middle Initial)  
**B. TAILGATERS AND DRAFTHOUSE**

Mailing Address 204 SAINT CHARLES WAY

City YORK State PA Zip Code 17402

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 16 / 2012

Amount of Each Disbursement this Period  
162.46

Transaction ID : SB.29

Full Name (Last, First, Middle Initial)  
**C. TAILGATERS AND DRAFTHOUSE**

Mailing Address 204 SAINT CHARLES WAY

City YORK State PA Zip Code 17402

Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 24 / 2012

Amount of Each Disbursement this Period  
108.96

Transaction ID : SB.46

**SUBTOTAL** of Disbursements This Page (optional)..... 361.61

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. TAILGATERS AND DRAFTHOUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012		
Mailing Address 204 SAINT CHARLES WAY			Amount of Each Disbursement this Period 1172.01		
City YORK	State PA	Zip Code 17402	Transaction ID : SB.65		
Purpose of Disbursement CATERING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. TARGET</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012		
Mailing Address YORK GALLERIA MALL			Amount of Each Disbursement this Period 55.08		
City YORK	State PA	Zip Code	Transaction ID : SB.48		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. THE UNION LEAGUE OF PHILADELPHIA</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012		
Mailing Address 140 S. BROAD ST.			Amount of Each Disbursement this Period 904.61		
City PHILADELPHIA	State PA	Zip Code 19102	Transaction ID : SB.3		
Purpose of Disbursement CATERING/FACILITY RENTAL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2131.70
<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)	PAGE 54 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. THE YORK WATER COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address PO BOX 3009			Amount of Each Disbursement this Period 28.14
City LANCASTER	State PA	Zip Code 17604	
Purpose of Disbursement UTILITIES		Category/ Type	<b>Transaction ID : SB.56</b>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. THE YORK WATER COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address PO BOX 3009			Amount of Each Disbursement this Period 16.27
City LANCASTER	State PA	Zip Code 17604	
Purpose of Disbursement UTILITIES		Category/ Type	<b>Transaction ID : SB.75</b>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. THERE'S A CHEF IN MY KITCHEN</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 2609 GOLFVIEW DR			Amount of Each Disbursement this Period 1300.00
City MECHANICSBURG	State PA	Zip Code 17050	
Purpose of Disbursement CATERING		Category/ Type	<b>Transaction ID : SB.19</b>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1344.41
<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)	PAGE 55 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. TURKEY HILL STORE 0272</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address 1242 E. MARKET ST			Amount of Each Disbursement this Period 76.62
City YORK	State PA	Zip Code 17403	
Purpose of Disbursement TRAVEL		Category/ Type	<b>Transaction ID : SB.52</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address E. YORK POST OFFICE			Amount of Each Disbursement this Period 337.50
City YORK	State PA	Zip Code 17402	
Purpose of Disbursement POSTAGE		Category/ Type	<b>Transaction ID : SB.11</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address E. YORK POST OFFICE			Amount of Each Disbursement this Period 90.00
City YORK	State PA	Zip Code 17402	
Purpose of Disbursement POSTAGE		Category/ Type	<b>Transaction ID : SB.25</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	504.12
<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)		PAGE 56 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address E. YORK POST OFFICE		Amount of Each Disbursement this Period 45.00
City YORK	State PA Zip Code 17402	
Purpose of Disbursement POSTAGE	Category/Type	<b>Transaction ID : SB.30</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address E. YORK POST OFFICE		Amount of Each Disbursement this Period 7423.41
City YORK	State PA Zip Code 17402	
Purpose of Disbursement POSTAGE	Category/Type	<b>Transaction ID : SB.9</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WEIS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 2400 E. MARKET ST.		Amount of Each Disbursement this Period 37.84
City YORK	State PA Zip Code 17402	
Purpose of Disbursement FOOD AND BEVERAGE	Category/Type	<b>Transaction ID : SB.45</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7506.25
<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)		PAGE 57 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. WHITE ROSE BAR AND GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 23 / 2012</b>
Mailing Address <b>48 N. BEAVER ST.</b>		Amount of Each Disbursement this Period <b>97.81</b>
City <b>YORK</b> State <b>PA</b> Zip Code <b>17401</b>	Purpose of Disbursement <b>FOOD/BEVERAGE</b>	
Candidate Name		<b>Transaction ID : SB.40</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>97.81</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>167085.65</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 60			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. PETE SNYDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 2105 WAKEFIELD CT.		Amount of Each Disbursement this Period 2500.00
City ALEXANDRIA	State VA Zip Code 22307	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Transaction ID : SB.63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 60	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. TOOMEY FOR SENATE COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2012</b>
Mailing Address P.O. BOX 220		Amount of Each Disbursement this Period <b>2000.00</b> Transaction ID : <b>SB.64</b>
City <b>OREFIELD</b>	State <b>PA</b>	
Zip Code <b>18069</b>	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PA PROSPERITY FUND PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2012</b>
Mailing Address 1500 MARKET ST		Amount of Each Disbursement this Period <b>2500.00</b> Transaction ID : <b>SB.62</b>
City <b>PHILADELPHIA</b>	State <b>PA</b>	
Zip Code <b>19102</b>	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR PROSPERITY IN AMERICA TODAY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 02 / 2012</b>
Mailing Address 228 S WASHINGTON ST		Amount of Each Disbursement this Period <b>5000.00</b> Transaction ID : <b>SB.66</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	Purpose of Disbursement <b>CONTRIBUTION REFUND</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>9500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>9500.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 60	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Chris Reilly for Congress 2012**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CHRIS REILLY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2012</b>
Mailing Address P.O. BOX 206		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>YORK</b>	State <b>PA</b>	
Purpose of Disbursement <b>POLITICAL CONTRIBUTIONS</b>	Zip Code <b>17405</b>	<b>Transaction ID : SB.76</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5000.00</b>