

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

BOB BRADY FOR CONGRESS

ADDRESS (number and street) 12518 Chilton Road

Check if different than previously reported. (ACC) Philadelphia PA 19154

2. **FEC IDENTIFICATION NUMBER** ▼

C C00333740

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

PA 01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

01 / 01 / 2014 through 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Louis J Farinella

Signature of Treasurer Louis J Farinella

[Electronically Filed]

Date

MM / DD / YYYY

04 / 15 / 2014

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BOB BRADY FOR CONGRESS

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))....	90075.00	375395.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	90075.00	373895.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	62934.35	237819.57
(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)).....	62934.35	237819.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	695640.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	10555.00	

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

BOB BRADY FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	71875.00	230975.00
(ii) Unitemized.....	200.00	7270.00
(iii) TOTAL of contributions from individuals ▶	72075.00	238245.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	18000.00	137150.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	90075.00	375395.00
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.).....	232.58	1619.28
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	90307.58	377014.28

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	62934.35	237819.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1500.00
21. OTHER DISBURSEMENTS	2935.00	40177.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	65869.35	279496.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	671201.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	90307.58
25. SUBTOTAL (add Line 23 and Line 24).....	761509.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65869.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	695640.03

**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 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paul Amundsen

Mailing Address 203 Megan Drive

City State Zip Code
Bear DE 19701

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

Name of Employer Occupation
Philadelphia Energy Solutions Assistant General Counsel

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.9572

Amount of Each Receipt this Period
 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Assoc. of Korean Vietnam War VE War Social Club

Mailing Address 5938 N Water St.

City State Zip Code
Philadelphia PA 19120

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11AI.9473

Amount of Each Receipt this Period
 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Anthony Bartolomeo

Mailing Address 7 Mansoor Court

City State Zip Code
Sewell NJ 08080

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

Name of Employer Occupation
Pennoni Associates President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9528

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 6 OF 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Arnold T Berman MD

Mailing Address 809 Morris Avenue

City State Zip Code
Bryn Mawr PA 19010-1820

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

Name of Employer Occupation
Berman Othopedic Institutio Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.9534

Amount of Each Receipt this Period
Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
Emily Bittenbender

Mailing Address 509 Vine Street
Suite LL200

City State Zip Code
Philadelphia PA 19106

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

Name of Employer Occupation
Bittenbender Contruction LP Managing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.9531

Amount of Each Receipt this Period
Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Donald R Caldwell

Mailing Address 531 N. Rose Lane

City State Zip Code
Haverford PA 19041

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

Name of Employer Occupation
Cross Atlantic Capital Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.9544

Amount of Each Receipt this Period
Contribution 1000.00

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 7 OF 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Thomas A Caramanico

Mailing Address 848 Buck Lane

City Haverford State PA Zip Code 19041

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

Name of Employer McCormick Taylor & Associates Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9537

Amount of Each Receipt this Period
 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Deborah M Cimino

Mailing Address 1054 Capie Polk Dr.

City Springfield State PA Zip Code 19064

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

Name of Employer NA Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9554

Amount of Each Receipt this Period
 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Michael Colavita

Mailing Address 648 Country Club Dr

City Blue Bell State PA Zip Code 19422

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

Name of Employer Sunoco Occupation CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.9574

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: PAGE 8 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dennis Colgan

Mailing Address 12 Cove Road

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9546

Amount of Each Receipt this Period
 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
William E Conway Jr.

Mailing Address 1001 Pennsylvania Ave NW
Steno. 220

City State Zip Code
Washington DC 20004-2505

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

Name of Employer Occupation
The Carlyle Group Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9494

Amount of Each Receipt this Period
 2600.00

Contribution

C. Full Name (Last, First, Middle Initial)
William E Conway Jr.

Mailing Address 1001 Pennsylvania Ave NW
Steno. 220

City State Zip Code
Washington DC 20004-2505

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

Name of Employer Occupation
The Carlyle Group Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9496

Amount of Each Receipt this Period
 2400.00

Contribution

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

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

6000.00

**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 53
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cherice Corley		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 201 Hopkins Road		Transaction ID : SA11AI.9521	
City Mickleton	State NJ	Zip Code 08056	Amount of Each Receipt this Period Contribution 225.00
FEC ID number of contributing federal political committee. C			
Name of Employer Philadelphia Energy Solutions	Occupation Sr. Public Affairs & Communications Mg		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) B. Lisa Crutchfield		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 2 Hudson Way		Transaction ID : SA11AI.9518	
City Garnet Valley	State PA	Zip Code 19060	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greater Phila Chamber of Comme	Occupation SVP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Edward M D'Alba		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 376 Bair Road		Transaction ID : SA11AI.9535	
City Berwyn	State PA	Zip Code 19312	Amount of Each Receipt this Period Contribution 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Urban Engineers	Occupation President & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1475.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. M. Walter Dalessio Jr.

Mailing Address 580 Wigard Avenue

City Philadelphia State PA Zip Code 19128

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

Name of Employer Northmarq Advisors LLC Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9504

Amount of Each Receipt this Period
 1600.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. M. Walter Dalessio Jr.

Mailing Address 580 Wigard Avenue

City Philadelphia State PA Zip Code 19128

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

Name of Employer Northmarq Advisors LLC Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9506

Amount of Each Receipt this Period
 400.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Joseph Frick

Mailing Address 1901 Market Street
45th Floor

City Philadelphia State PA Zip Code 19103

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

Name of Employer Independence Blue Cross Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9530

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 11 OF 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
V. Steve Herzog

Mailing Address 78 Old Mill Dr.

City State Zip Code
Media PA 19063

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

Name of Employer Occupation
Philadelphia Energy Solutions SVP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9558

Amount of Each Receipt this Period
 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Daniel J Hilferty

Mailing Address 220 Cedarbrook Road

City State Zip Code
Ardmore PA 19003

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

Name of Employer Occupation
AmeriHealth Mercy Family of Co President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9545

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Joan Hilfrey

Mailing Address 220 Cedarbrook Road

City State Zip Code
Ardmore PA 19003

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

Name of Employer Occupation
NA Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9525

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 12 OF 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Abraham Kaplan

Mailing Address 333 Sunset Ave
Apt 610

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
Philadelphia Energy Solutions CMO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.9497

Amount of Each Receipt this Period
2600.00
Contribution

B. Full Name (Last, First, Middle Initial)
Marie Keeler

Mailing Address 910 Stoney Run Drive

City State Zip Code
West Chester PA 19382

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

Name of Employer Occupation
NA Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.9523

Amount of Each Receipt this Period
1000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Frances R Kelly

Mailing Address 735 Canterbury Lane

City State Zip Code
Villanova PA 19085

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11AI.9533

Amount of Each Receipt this Period
1000.00
Contribution

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

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

4600.00

**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 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sung Woong Kim

Mailing Address 170 Jordon Court

City State Zip Code
Limerick PA 19468

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

Name of Employer Occupation
None Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11AI.9478

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Yo An Kim

Mailing Address 3409 West Queen Lane

City State Zip Code
Philadelphia PA 19129

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

Name of Employer Occupation
GPASSPA Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11AI.9470

Amount of Each Receipt this Period
2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Yo An Kim

Mailing Address 3409 West Queen Lane

City State Zip Code
Philadelphia PA 19129

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

Name of Employer Occupation
GPASSPA Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.9520

Amount of Each Receipt this Period
250.00

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 53
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Caryn B Klein-Cohen		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 855 Park Avenue		Transaction ID : SA11AI.9507	
City New York	State NY	Zip Code 10075	Amount of Each Receipt this Period Contribution 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer NA	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) B. Mr. H. F. Lenfest		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 300 Barr Harbor Drive		Transaction ID : SA11AI.9489	
City West Conshohocken	State PA	Zip Code 19428	Amount of Each Receipt this Period Contribution 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lenfest Group	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. Mr. H. F. Lenfest		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 300 Barr Harbor Drive		Transaction ID : SA11AI.9490	
City West Conshohocken	State PA	Zip Code 19428	Amount of Each Receipt this Period Contribution 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lenfest Group	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	6700.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 53
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marcy Levin		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014	
Mailing Address 10608 Clark Street		Transaction ID : SA11AI.9481	
City Philadelphia	State PA	Amount of Each Receipt this Period 500.00	
Zip Code 19116		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. William K Lieberman		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 201 Gladstone Road		Transaction ID : SA11AI.9538	
City Pittsburgh	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 15217		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer The Lieberman Companies	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Ira M. Lubert		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 2929 Arch Street 13th Floor		Transaction ID : SA11AI.9568	
City Philadelphia	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 19104		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Lubert-Adler	Occupation Chairman and Co-Founder		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gerald Maginnis

Mailing Address 12 Jacqueline Pl

City Sewell State NJ Zip Code 08080

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

Name of Employer **KPMG** Occupation **Accountant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9552

Amount of Each Receipt this Period
 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Thomas Paese

Mailing Address 1933 19th Street NW

City Washington State DC Zip Code 20009

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

Name of Employer **Buchanan Ingersoll & Rooney** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.9570

Amount of Each Receipt this Period
 1000.00

Contribution

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

Mailing Address 942 Black Rock Road

City Gladwyne State PA Zip Code 19035

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

Name of Employer **P. Agnes** Occupation **VP / Principal**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9547

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 17 OF 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jeffrey J Peck

Mailing Address 5900 Cromwell Drive

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
Peck Madigan Jones Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.9514

Amount of Each Receipt this Period
1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
John D Pickering

Mailing Address 306 Edgemore Rd

City State Zip Code
Secane PA 19018

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

Name of Employer Occupation
Philadelphia Energy Solutions SVP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.9556

Amount of Each Receipt this Period
1000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Charles Pizzi

Mailing Address 8601 Thomas Mill Terrace

City State Zip Code
Philadelphia PA 19128

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

Name of Employer Occupation
Tasty Baking CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.9529

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 18 OF 53
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Philip Rinaldi		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 1097 Westbrook Road		Transaction ID : SA11AI.9482	
City Bridgewater	State NJ	Zip Code 08807	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Philadelphia Energy Solutions	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. Philip Rinaldi		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 1097 Westbrook Road		Transaction ID : SA11AI.9484	
City Bridgewater	State NJ	Zip Code 08807	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Philadelphia Energy Solutions	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. Mr. Ronald Rubin		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 200 S. Broad Street 3rd Floor		Transaction ID : SA11AI.9578	
City Philadelphia	State PA	Zip Code 19102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer PREIT	Occupation Chairman & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	6200.00

**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 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert C. Stewart Sr.

Mailing Address 116 Capps Ct

City State Zip Code
Wilmington SC 28409

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

Name of Employer Occupation
NA Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9548

Amount of Each Receipt this Period
 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Bayard Thayer Storey

Mailing Address 1919 Brandywine Street

City State Zip Code
Philadelphia PA 19130-3202

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

Name of Employer Occupation
University of Pennsylvania Prof. Emeritus

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.9569

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Stradley Ronon Stevens & Young, LLP

Mailing Address 2600 One Commerce Square

City State Zip Code
Philadelphia PA 19103-7098

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9491

Amount of Each Receipt this Period
 1400.00
 Contribution

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

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

3400.00

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

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

FOR LINE NUMBER: PAGE 20 OF 53
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stradley Ronon Stevens & Young, LLP

Mailing Address 2600 One Commerce Square

City Philadelphia State PA Zip Code 19103-7098

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 9500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9492

Amount of Each Receipt this Period
 2600.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Stradley Ronon Stevens & Young, LLP

Mailing Address 2600 One Commerce Square

City Philadelphia State PA Zip Code 19103-7098

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

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify)

Election Cycle-to-Date
 10700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9493

Amount of Each Receipt this Period
 1200.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Stradley Ronon Stevens & Young, LLP

Mailing Address 2600 One Commerce Square

City Philadelphia State PA Zip Code 19103-7098

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

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify)

Election Cycle-to-Date
 11700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9511

Amount of Each Receipt this Period
 1000.00
 Contribution

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

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

4800.00

**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 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms Janet Summers

Mailing Address 9019 Cargill Lane

City Philadelphia State PA Zip Code 19115

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11AI.9479

Amount of Each Receipt this Period
 Contribution 2000.00

B. Full Name (Last, First, Middle Initial)
Gerard H Sweeney

Mailing Address 2 Craig Lane

City Haverford State PA Zip Code 19041

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

Name of Employer Brandywine Realty Trust Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9527

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Nithianathan K Thaver

Mailing Address 142 Abrahams Ln

City Wayne State PA Zip Code 19087

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

Name of Employer Philadelphia Energy Solutions Occupation VP and GM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9550

Amount of Each Receipt this Period
 Contribution 1000.00

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 22 OF 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John J Turchi Jr.

Mailing Address 1700 Walnut Street
2nd Floor

City Philadelphia State PA Zip Code 19103

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

Name of Employer Turchi Properties Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9567

Amount of Each Receipt this Period
 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jeffrey K Warmann

Mailing Address 2774 Oakwood Drive

City Celina State TX Zip Code 75009

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

Name of Employer Monroe Energy Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9516

Amount of Each Receipt this Period
 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Joseph Weiss

Mailing Address One S. Broad Street
19th Floor

City Philadelphia State PA Zip Code 19107

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

Name of Employer Electronic Ink Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.9509

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 23 OF 53
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. F. John White		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 732 Saint Andrews Rd.		Transaction ID : SA11AI.9540	
City Philadelphia	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 19118		Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer PFM Group	Occupation Chairman	Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	Contribution	

Full Name (Last, First, Middle Initial) B. James J. White		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 556 S. Waterloo Rd.		Transaction ID : SA11AI.9485	
City Devon	State PA	Amount of Each Receipt this Period 2600.00	
Zip Code 19333		Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer J. J. White Inc.	Occupation President	Contribution	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	Contribution	

Full Name (Last, First, Middle Initial) C. James J. White		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 556 S. Waterloo Rd.		Transaction ID : SA11AI.9488	
City Devon	State PA	Amount of Each Receipt this Period 2600.00	
Zip Code 19333		Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer J. J. White Inc.	Occupation President	Contribution	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	Contribution	

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	71875.00

**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 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AQUA AMERICA, INC. H2O POLITICAL ACTION COMMITTEE

Mailing Address 762 West Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

FEC ID number of contributing federal political committee. **C C00340455**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11C.9577

Amount of Each Receipt this Period
 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

Mailing Address P.O. BOX 961039

City State Zip Code
FORT WORTH TX 76161

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11C.9512

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
DELTA AIR LINES POLITICAL ACTION COMMITTEE

Mailing Address 1212 NEW YORK AVENUE NW
SUITE 200

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00104802**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11C.9499

Amount of Each Receipt this Period
 2500.00
 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 25 OF 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ENERGY TRANSFER EMPLOYEE MANAGEMENT COMPANY PAC (ENERGY TRANSFER PAC)

Mailing Address 400 W. 15TH ST.
SUITE 720

City AUSTIN State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00438754

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11C.9475

Amount of Each Receipt this Period
 Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
ENERGY TRANSFER EMPLOYEE MANAGEMENT COMPANY PAC (ENERGY TRANSFER PAC)

Mailing Address 400 W. 15TH ST.
SUITE 720

City AUSTIN State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00438754

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11C.9566

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Independence Blue Cross PAC

Mailing Address 1901 Market Street

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00450056

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11C.9510

Amount of Each Receipt this Period
 Contribution 1000.00

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 26 OF 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

Mailing Address 753 State Ave.
Suite 565

City Kansas City State KS Zip Code 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11C.9503

Amount of Each Receipt this Period
 Contribution 2500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL GOOD GOVERNMENT FUND

Mailing Address 1001 FANNIN
SUITE 2500

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00032797

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11C.9564

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
PHILADELPHIA FEDERAL CREDIT UNION PAC (PFCU-PAC)

Mailing Address 12800 TOWNSEND ROAD

City PHILADELPHIA State PA Zip Code 19154

FEC ID number of contributing federal political committee. **C** C00360206

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11C.9576

Amount of Each Receipt this Period
 Contribution 1000.00

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 27 OF 53
	<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)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PNCBANKPAC

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15222-2707

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11C.9472

Amount of Each Receipt this Period
 1500.00

Contribution

B. Full Name (Last, First, Middle Initial)
PNCBANKPAC

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15222-2707

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11C.9477

Amount of Each Receipt this Period
 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
RBS CITIZENS FINANCIAL GROUP, INC. POLITICAL COMMITTEE (RBS CITIZENS PAC)

Mailing Address C/O KENNETH W. ROBINSON, TREASURER
ONE CITIZENS PLAZA, 5TH FLOOR

City PROVIDENCE State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C** C00307249

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11C.9560

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 28 OF 53
	<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)
BOB BRADY FOR CONGRESS

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

Mailing Address **6214 WEDGEWOOD ROAD**

City **BETHESDA** State **MD** Zip Code **20817**

FEC ID number of contributing federal political committee. **C C00321844**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11C.9467

Amount of Each Receipt this Period
 _____ 2500.00
 Contribution

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 _____ / _____ / _____

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 _____ / _____ / _____

Amount of Each Receipt this Period

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

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

_____ 2500.00

_____ 18000.00

**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 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lacey Gallagher Scholarship Fund

Mailing Address 2657 Almond Street

City Philadelphia State PA Zip Code 19125

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA15.9580

Amount of Each Receipt this Period

 Return of check 1587 for cancelled golf outing

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

Mailing Address PO Box 535230

City Pittsburgh State PA Zip Code 15253

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA15.9400

Amount of Each Receipt this Period

 MM Interest

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

Mailing Address PO Box 535230

City Pittsburgh State PA Zip Code 15253

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA15.9402

Amount of Each Receipt this Period

 MM Interest

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 535230		Transaction ID : SA15.9405
City Pittsburgh	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.44
Name of Employer	Occupation	MM Interest
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 473.18	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	28.44
TOTAL This Period (last page this line number only).....	232.58

**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 31 OF 53		
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ally Financial		Date of Disbursement MM / DD / YYYY 01 / 07 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.9413
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. Ally Financial		Date of Disbursement MM / DD / YYYY 01 / 22 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 910.72 Transaction ID : SB17.9423
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. Ally Financial		Date of Disbursement MM / DD / YYYY 01 / 28 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.9425
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3207.30
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 32 OF 53		
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 910.72 Transaction ID : SB17.9438
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29 Transaction ID : SB17.9439
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 910.72 Transaction ID : SB17.9450
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2969.73
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 33 OF 53			
	<input checked="" type="checkbox"/> 17 <input 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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ally Financial		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address PO Box 380902		Amount of Each Disbursement this Period 1148.29
City Bloomington	State MN	
Zip Code 55438-0902	Purpose of Disbursement Auto Lease	Transaction ID : SB17.9455
Candidate Name BOB BRADY FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Alvi's BP Amoco		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 7555 City Line Ave		Amount of Each Disbursement this Period 83.01
City Philadelphia	State PA	
Zip Code 19151	Purpose of Disbursement Fuel	Transaction ID : SB17.9581
Candidate Name BOB BRADY FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Ms Linda August		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 2401 Pennsylvania Avenue 6B23		Amount of Each Disbursement this Period 4500.00
City Philadelphia	State PA	
Zip Code 19130	Purpose of Disbursement Fundraising Consulting - partial 1st Qtr 2014	Transaction ID : SB17.9426
Candidate Name BOB BRADY FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	5648.29
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 34 OF 53			
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. George Bittner		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 644 South Forklandng Road		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.9409
City State Zip Code Maple Shade NJ 08052	Purpose of Disbursement Computer Services	
Candidate Name BOB BRADY FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 1338 Chestnut Street		Amount of Each Disbursement this Period 12000.00 Transaction ID : SB17.9582
City State Zip Code Philadelphia PA 19107	Purpose of Disbursement Christmas Gift	
Candidate Name BOB BRADY FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Exxon Obile 47640156		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 2401 Haverford Rd		Amount of Each Disbursement this Period 219.02 Transaction ID : SB17.9583
City State Zip Code Ardmore PA 19003	Purpose of Disbursement Fuel	
Candidate Name BOB BRADY FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 53		
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. First National Bank VISA		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 13003.75 Transaction ID : SB17.9414
City Omaha State NE Zip Code 68103	Purpose of Disbursement VISA Payment	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. First National Bank VISA		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 1453.46 Transaction ID : SB17.9427
City Omaha State NE Zip Code 68103	Purpose of Disbursement VISA Payment	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. First National Bank VISA		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address PO Box 2557		Amount of Each Disbursement this Period 5251.11 Transaction ID : SB17.9436
City Omaha State NE Zip Code 68103	Purpose of Disbursement VISA Payment	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	19708.32
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 36 OF 53			
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Four Seasons Hotel		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address One Logan Square		Amount of Each Disbursement this Period 3738.11
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Fundraising Event		Transaction ID : SB17.9453
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	Category/Type
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Hotel Hershey		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 100 Hotel Rd		Amount of Each Disbursement this Period 512.82
City Hershey	State PA Zip Code 17033	
Purpose of Disbursement Lodging		Transaction ID : SB17.9585
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	Category/Type
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. House Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address Longworth House Office Bldg B218 Independence Ave & CS. Capitol St		Amount of Each Disbursement this Period 101.60
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Gifts		Transaction ID : SB17.9587
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	Category/Type
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: PA District: 01		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	3738.11
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 37 OF 53	
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Steve Kaplan		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 711B South 5th Street		Amount of Each Disbursement this Period 163.52 Transaction ID : SB17.9431
City Philadelphia	State PA Zip Code 19147	
Purpose of Disbursement Photocopies of Petition		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Kimco Realty Corporation		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 170 West Ridgely Road Suite 210		Amount of Each Disbursement this Period 4800.00 Transaction ID : SB17.9456
City Lutherville Timoni	State MD Zip Code 21093	
Purpose of Disbursement Rent		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. La Finca Cafe		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 2721 N. 5th Street		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.9446
City Philadelphia	State PA Zip Code 19133	
Purpose of Disbursement Food for Civic Organization Mtg		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	5713.52
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 38 OF 53	
	<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)
BOB BRADY FOR CONGRESS

A. Main Line Riggins

Full Name (Last, First, Middle Initial)
Mailing Address 1435 City Ave

City Wynnewood State PA Zip Code 19096

Purpose of Disbursement Fuel

Candidate Name **BOB BRADY FOR CONGRESS**

Office Sought: House Senate President
State: PA District: 01

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement: 01 / 03 / 2014

Amount of Each Disbursement this Period: 275.51

Transaction ID : SB17.9588

[MEMO ITEM]

B. Marlyn Service Garage

Full Name (Last, First, Middle Initial)
Mailing Address 6560 Haverford Avenue

City Philadelphia State PA Zip Code 19151

Purpose of Disbursement Auto Repairs

Candidate Name **BOB BRADY FOR CONGRESS**

Office Sought: House Senate President
State: PA District: 01

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement: 12 / 13 / 2014

Amount of Each Disbursement this Period: 216.00

Transaction ID : SB17.9590

[MEMO ITEM]

c. Michael's LaVeranda

Full Name (Last, First, Middle Initial)
Mailing Address Pier 3 Penn's Landing

City Philadelphia State PA Zip Code 19106

Purpose of Disbursement Caucus Dinner

Candidate Name **BOB BRADY FOR CONGRESS**

Office Sought: House Senate President
State: PA District: 01

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement: 01 / 23 / 2014

Amount of Each Disbursement this Period: 3719.37

Transaction ID : SB17.9591

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 53		
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.9435
City Washington State DC Zip Code 20003	Purpose of Disbursement Membership Dues	
Candidate Name BOB BRADY FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.9449
City Washington State DC Zip Code 20003	Purpose of Disbursement Membership Dues	
Candidate Name BOB BRADY FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. New Jersey EZ Pass		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address PO Box 52003		Amount of Each Disbursement this Period 485.00 Transaction ID : SB17.9592 [MEMO ITEM]
City Newark State NJ Zip Code 07101-8203	Purpose of Disbursement Tolls	
Candidate Name BOB BRADY FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 53			
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OnStar		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 1027		Amount of Each Disbursement this Period 119.80
City Warren	State MI	
Zip Code 48090-1027	Purpose of Disbursement Subscription	Transaction ID : SB17.9593
Candidate Name BOB BRADY FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Sirius XM Satellite Radio		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address PO Box 9001399		Amount of Each Disbursement this Period 354.14
City Louisville	State KY	
Zip Code 40290-1399	Purpose of Disbursement Satellite Radio Subscription	Transaction ID : SB17.9418
Candidate Name BOB BRADY FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 6276.00
City Philadelphia	State PA	
Zip Code 19103	Purpose of Disbursement Accounting Services	Transaction ID : SB17.9411
Candidate Name BOB BRADY FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	6630.14
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 41 OF 53			
	<input checked="" type="checkbox"/> 17 <input 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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 3405.50
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Accounting Services	Category/Type	Transaction ID : SB17.9419
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 3111.50
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Accounting Services	Category/Type	Transaction ID : SB17.9440
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Smart Devine		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1600 Market Street 32nd Floor		Amount of Each Disbursement this Period 3111.50
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Accounting Services	Category/Type	Transaction ID : SB17.9442
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	9628.50
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 42 OF 53		
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. State Farm Insurance Co.		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address One State Farm Drive		Amount of Each Disbursement this Period 844.58 Transaction ID : SB17.9424
City Concordville	State PA	
Purpose of Disbursement Auto Insurance	Candidate Name BOB BRADY FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) B. State Farm Insurance Co.		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address One State Farm Drive		Amount of Each Disbursement this Period 665.34 Transaction ID : SB17.9432
City Concordville	State PA	
Purpose of Disbursement Auto Insurance	Candidate Name BOB BRADY FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

Full Name (Last, First, Middle Initial) c. Sunoco Service Station 2		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2013
Mailing Address 1301 West Chester Pike		Amount of Each Disbursement this Period 92.53 Transaction ID : SB17.9594 [MEMO ITEM]
City Havertown	State PA	
Purpose of Disbursement Fuel	Candidate Name BOB BRADY FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1509.92
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 43 OF 53		
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sunoco Service Station 7		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 520 JFK Memorial Hwy		Amount of Each Disbursement this Period 942.33
City Newark	State DE Zip Code 19702	
Purpose of Disbursement Fuel	Category/Type	Transaction ID : SB17.9595 [MEMO ITEM]
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. The Public Record		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00
City Philadelphia	State PA Zip Code 19147	
Purpose of Disbursement Advertising	Category/Type	Transaction ID : SB17.9408
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. The Public Record		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00
City Philadelphia	State PA Zip Code 19147	
Purpose of Disbursement Advertising	Category/Type	Transaction ID : SB17.9421
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 53		
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Public Record		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.9433
City Philadelphia State PA Zip Code 19147	Purpose of Disbursement Advertising	
Candidate Name BOB BRADY FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. The Public Record		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1323 S Broad Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.9448
City Philadelphia State PA Zip Code 19147	Purpose of Disbursement Advertisement	
Candidate Name BOB BRADY FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Thomas Chevrolet		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 1263 West Baltimore Avenue		Amount of Each Disbursement this Period 426.99 Transaction ID : SB17.9434
City Media State PA Zip Code 19063	Purpose of Disbursement Service for Car	
Candidate Name BOB BRADY FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1226.99
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 45 OF 53		
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Union League of Philadelphia		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 140 South Broad Street		Amount of Each Disbursement this Period 883.44 Transaction ID : SB17.9410
City Philadelphia	State PA Zip Code 19102	
Purpose of Disbursement Brady Breakfast Meeting		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 136.32 Transaction ID : SB17.9415
City Lehigh Valley	State PA Zip Code 18002	
Purpose of Disbursement Cellular Telephone		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 296.09 Transaction ID : SB17.9596 [MEMO ITEM]
City Lehigh Valley	State PA Zip Code 18002	
Purpose of Disbursement Replace lost phone		Category/ Type
Candidate Name BOB BRADY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1019.76
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 46 OF 53	
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.9437
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cellular Telephone	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

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

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

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	62650.58

**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 53			
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Flame Magazine Phila IAFF Local #22		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 415-427 N 5th Street Floor 1		Amount of Each Disbursement this Period 750.00 Transaction ID : SB21.9460
City Philadelphia State PA Zip Code 19123	Purpose of Disbursement Advertisement / Donation	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 Transaction ID : SB21.9401
City Pittsburgh State PA Zip Code 15253	Purpose of Disbursement MM Service Charge	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

Full Name (Last, First, Middle Initial) c. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 Transaction ID : SB21.9407
City Pittsburgh State PA Zip Code 15253	Purpose of Disbursement Service Charge	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	820.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 53	
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 Transaction ID : SB21.9403
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 Transaction ID : SB21.9462
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. PNC Bank		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 10.00 Transaction ID : SB21.9404
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement MM Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 53
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO Box 535230		Amount of Each Disbursement this Period 60.00 Transaction ID : SB21.9464
City Pittsburgh	State PA	
Zip Code 15253	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) B. Stewards Benefit Committee		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 2980 Southampton Road		Amount of Each Disbursement this Period 275.00 Transaction ID : SB21.9466
City Philadelphia	State PA	
Zip Code 19154	Purpose of Disbursement Advertisement / Donation	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

Full Name (Last, First, Middle Initial) c. Teamsters Local 830 Scholarship Fund		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 2980 Southampton Road		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.9465
City Philadelphia	State PA	
Zip Code 19154	Purpose of Disbursement Donation Scholarship Fund	Category/ Type
Candidate Name BOB BRADY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	635.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 53	
	<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)
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tenth Memorial Non-Profit Development Corp		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1328 North 19th Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.9416
City Philadelphia State PA Zip Code 19121	Purpose of Disbursement Sponsorship / Donation	
Candidate Name BOB BRADY FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 01		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	2535.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Democratic Campaign Committee of Philadelphia

Mailing Address 1421 Walnut Street

City State Zip Code
 Philadelphia PA 19102

Nature of Debt (Purpose):
 Loan

Outstanding Balance Beginning This Period **Transaction ID : SD9.4599**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Smart Devine

Mailing Address 1600 Market Street
32nd Floor

City State Zip Code
Philadelphia PA 19103

Nature of Debt (Purpose):
Accounting servives as of 8/14/2012

Outstanding Balance Beginning This Period **Transaction ID : SD10.8071**
12200.50

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 6276.00 5924.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Smart Devine

Mailing Address 1600 Market Street
32nd Floor

City State Zip Code
Philadelphia PA 19103

Nature of Debt (Purpose):
Accounting servives

Outstanding Balance Beginning This Period **Transaction ID : SD10.8566**
3111.50

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 3111.50 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Smart Devine

Mailing Address 1600 Market Street
32nd Floor

City State Zip Code
Philadelphia PA 19103

Nature of Debt (Purpose):
Accounting Services

Outstanding Balance Beginning This Period **Transaction ID : SD10.8660**
3111.50

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 3111.50 0.00

1) SUBTOTALS This Period This Page (optional)	5924.50
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

BOB BRADY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Smart Devine

Mailing Address 1600 Market Street
32nd Floor

City State Zip Code
Philadelphia PA 19103

Nature of Debt (Purpose):
Accounting Services

Outstanding Balance Beginning This Period **Transaction ID : SD10.9390**
3503.50

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 3405.50 98.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Smart Devine

Mailing Address 1600 Market Street
32nd Floor

City State Zip Code
Philadelphia PA 19103

Nature of Debt (Purpose):
Accounting Services

Outstanding Balance Beginning This Period **Transaction ID : SD10.9420**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
4532.50 0.00 4532.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	4630.50
2) TOTALS This Period (last page this line number only)	10555.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	10555.00