

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00333740  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
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 [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 10 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Richard J Maccarone

Signature of Treasurer Electronically Filed by Richard J Maccarone Date 05 27 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

BOB BRADY FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	119425.00	136525.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	119425.00	136525.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	47876.30	245749.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2908.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47876.30	242840.49
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>631766.84</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>5000.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
BOB BRADY FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

50300.00

51550.00

(ii) Unitemized.....

375.00

625.00

(iii) TOTAL of contributions

50675.00

52175.00

from individuals..... ▶

5000.00

5000.00

(b) Political Party Committees.....

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

63750.00

79350.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

119425.00

136525.00

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

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

2908.60

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

4624.17

79609.27

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

124049.17

219042.87

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	47876.30	245749.09
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	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	22992.93	265953.99
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	70869.23	511703.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	578586.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	124049.17
25. SUBTOTAL (add Line 23 and Line 24).....	702636.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70869.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	631766.84

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)  
(Millionaires' Amendment)**

<b>Name of Candidate</b> Robert A. Brady		<b>Candidate ID Number</b> H8PA01153
<b>Name of Principal Campaign Committee</b> BOB BRADY FOR CONGRESS		<b>Committee ID Number</b> C C00333740
<b>Committee Address</b> 2000 Market Street Suite 500		
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>ZIP</b> 19103-
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	201845.16	12631.75
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	201845.16	12631.75

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 / 55
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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

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

**A.**

Full Name (Last, First, Middle Initial)  
AFGE PAC

Mailing Address 80 F Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 0 / 2 0 0 7

**Transaction ID:** 80111.C2444

Amount of Each Receipt this Period  
 1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
AFSCME AFL-CIO PAC

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 0 / 2 0 0 7

**Transaction ID:** 80111.C2458

Amount of Each Receipt this Period  
 5000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Amer Federation of Teachers PAC

Mailing Address 555 New Jersey Avenue NW

City Washington State DC Zip Code 20001-2029

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 0 / 2 0 0 7

**Transaction ID:** 80111.C2446

Amount of Each Receipt this Period  
 5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>11000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Amer Hospital Assoc PAC

Mailing Address 325 Seventh Street N.W.

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: 80111.C2468

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Aqua America Inc PAC

Mailing Address 762 West Lancaster Avenue

City State Zip Code  
Bryn Mawr PA 19010

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 80110.C2423

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Blue Cross & Shield PAC

Mailing Address 1310 G Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 80110.C2422

Amount of Each Receipt this Period

1500.00

Receipt

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

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

3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 55
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Boilermakers-Blacksmiths PAC		Date of Receipt
	Mailing Address 753 State Avenue Ste 565		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Kansas City	KS	66101-2511
	FEC ID number of contributing federal political committee.		Transaction ID: 80111.C2453
	C C00005157		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="1000.00"/>
Receipt For: 2008		Election Cycle-to-Date ▼	Receipt
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carpenters Legislative PAC		Date of Receipt
	Mailing Address 101 Constitution Avenue NW 10th Floor		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		Transaction ID: 80111.C2445
	C C00001016		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="5000.00"/>
Receipt For: 2008		Election Cycle-to-Date ▼	Receipt
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Committee on LCPE PAC		Date of Receipt
	Mailing Address 100 Indiana Avenue, NW		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Washington	DC	20001-2144
	FEC ID number of contributing federal political committee.		Transaction ID: 80111.C2428
	C C00023580		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="2500.00"/>
Receipt For: 2008		Election Cycle-to-Date ▼	Receipt
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 55  
(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)  
CU Legislative Action Council

Mailing Address 601 Pennsylvania Avenue, NW  
South Bldg, Suite 600

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2007  
**Transaction ID:** 80110.C2382  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
CWA - COPE PCC

Mailing Address 501 3rd Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 21 / 2007  
**Transaction ID:** 80111.C2424  
 Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Duane Morris LLP Govt Comm Fed Fund

Mailing Address 30 South 17th Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2007  
**Transaction ID:** 80110.C2383  
 Amount of Each Receipt this Period 1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 10 / 55  
(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)  
Exelon PAC  
Mailing Address P.O. Box 805379  
City Chicago State IL Zip Code 60680-5379  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 10 / 26 / 2007  
Transaction ID: 80110.C2416  
Amount of Each Receipt this Period 3000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lincoln National Corporation PAC  
Mailing Address 1300 South Clinton Street  
City Fort Wayne State IN Zip Code 46801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 10 / 26 / 2007  
Transaction ID: 80110.C2414  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NAPUS PAC  
Mailing Address 8 Herbert Street  
City Alexandria State VA Zip Code 22305-2600  
FEC ID number of contributing federal political committee. **C** C00100404  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 12 / 20 / 2007  
Transaction ID: 80111.C2459  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 11 / 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
National Cable & Telecommunications PAC

Mailing Address 25 Massachusetts Avenue, NW  
Suite 100

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 26 / 2007  
**Transaction ID: 80319.C2470**  
 Amount of Each Receipt this Period 5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Cable & Telecommunications PAC

Mailing Address 25 Massachusetts Avenue, NW  
Suite 100

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 10 / 26 / 2007  
**Transaction ID: 80110.C2410**  
 Amount of Each Receipt this Period 5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Multi Housing PAC

Mailing Address 1850 M Street NW Suite 540

City Washington State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 02 / 2007  
**Transaction ID: 80110.C2377**  
 Amount of Each Receipt this Period 5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 55  
(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)  
Paradigm Group Consultants PAC

Mailing Address 12 West Willow Grove Avenue  
Suite 174

City Philadelphia State PA Zip Code 19118

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2007  
**Transaction ID:** 80111.C2438  
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2007  
**Transaction ID:** 80110.C2417  
 Amount of Each Receipt this Period 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
UAW V CAP PAC

Mailing Address 8000 East Jefferson Avenue

City Detroit State MI Zip Code 48214-3963

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 20 / 2007  
**Transaction ID:** 80111.C2456  
 Amount of Each Receipt this Period 5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 55  
(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)  
United Food &Comm Wk PAC  
Mailing Address 1775 K Street NW

City State Zip Code  
Washington DC 20006-1598

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	7

**Transaction ID:** 80111.C2451  
 Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
United Food &Comm Wk PAC  
Mailing Address 1775 K Street NW

City State Zip Code  
Washington DC 20006-1598

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	7

**Transaction ID:** 80111.C2452  
 Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wexler & Walker Public Policy Assn PAC  
Mailing Address 1317 F Street NW Suite 600

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

**Transaction ID:** 80110.C2402  
 Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Wolf Block Federal PAC		Date of Receipt
	Mailing Address 22nd Floor 1650 Arch Street		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Philadelphia	PA	19103
	FEC ID number of contributing federal political committee.		Transaction ID: 80110.C2381
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	Receipt
Election Cycle-to-Date ▼		1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008			
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<input type="text" value="63750.00"/>

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles H Allen	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 138 Montrose Avenue #28 PO Box 1210	<b>Transaction ID:</b> 80111.C2461
	City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Boeing Aerospace Occupation MANAGER Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William G Andresen	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 4435 Tuscany Court	<b>Transaction ID:</b> 80111.C2425
	City State Zip Code Woodbridge VA 22192	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Office of Federal Affairs Occupation Associate Vice President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William J Avery	Date of Receipt MM / DD / YYYY 10 / 26 / 2007
	Mailing Address 417 Gwynedd Valley Drive	<b>Transaction ID:</b> 80110.C2406
	City State Zip Code Gwynedd Valley PA 19437	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation RETIRED Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert G Bickhart	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 669 Conestoga Road	<b>Transaction ID:</b> 80111.C2467
	City Villanova State PA Zip Code 19085	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Capital Resource Group Occupation CEO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert A Borski	Date of Receipt MM / DD / YYYY 10 / 26 / 2007
	Mailing Address 4015 Fitler Street	<b>Transaction ID:</b> 80110.C2412
	City Philadelphia State PA Zip Code 19114	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-Employed Occupation CONSULTANT Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert A Borski	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 4015 Fitler Street	<b>Transaction ID:</b> 80111.C2447
	City Philadelphia State PA Zip Code 19114	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-Employed Occupation CONSULTANT Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert A Borski	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 4015 Fidler Street	<b>Transaction ID:</b> 80111.C2441
	City Philadelphia State PA Zip Code 19114	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed	Occupation CONSULTANT	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patrick J Brier	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 242 Vassar Avenue	<b>Transaction ID:</b> 80111.C2431
	City Clarks Summit State PA Zip Code 18411	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stevens & Lee	Occupation LAWYER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Julian Brodsky	Date of Receipt MM / DD / YYYY 10 / 26 / 2007
	Mailing Address 1004 Swallow Drive	<b>Transaction ID:</b> 80110.C2396
	City Cherry Hill State NJ Zip Code 08003-2806	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Comcast Corporation	Occupation Vice Chairman	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Lorraine H Brown

Mailing Address 300 South Front Street

City Philadelphia State PA Zip Code 19106-4310

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

Name of Employer The Temple Group Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 21 / 2007

Transaction ID: 80111.C2439

Amount of Each Receipt this Period  
1000.00

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

B.

Full Name (Last, First, Middle Initial)  
Martha L Casey

Mailing Address 1310 19th Street, NW

City Washington State DC Zip Code 20036-1602

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

Name of Employer O'Neill, Athy & Casey PC Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2007

Transaction ID: 80110.C2387

Amount of Each Receipt this Period  
1000.00

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

C.

Full Name (Last, First, Middle Initial)  
Anthony J Conti

Mailing Address 76 Golfview Drive

City Warminster State PA Zip Code 18974-1663

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

Name of Employer Pricewaterhouse Coopers LLP Occupation Managing Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2007

Transaction ID: 80111.C2466

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 55  
(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)  
Maceo N Davis

Mailing Address 30 Conestoga Court

City State Zip Code  
Chadds Ford PA 19317

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

Name of Employer Occupation  
Quin Capital BROKER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

**Transaction ID:** 80111.C2437

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 200 Stevens Drive

City State Zip Code  
Philadelphia PA 19113-1570

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

Name of Employer Occupation  
AmeriHealth Mércy VP Govt & External Affairs

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

**Transaction ID:** 80111.C2429

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bruce A Eisenberg

Mailing Address 1450 Starling Lane

City State Zip Code  
Cherry Hill NJ 08003

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

Name of Employer Occupation  
Blank Rome LAWYER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

**Transaction ID:** 80111.C2455

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) John W Espenshade	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 15 Leaman Road	<b>Transaction ID:</b> 80111.C2432
	City State Zip Code Lancaster PA 17603-9501	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stevens & Lee	Occupation LAWYER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James G Flood	Date of Receipt MM / DD / YYYY 10 / 26 / 2007
	Mailing Address 1384 Park Lake Drive	<b>Transaction ID:</b> 80110.C2418
	City State Zip Code Reston VA 20190-3934	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Brownstein, Hyatt, Farber & Sh	Occupation LAWYER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David S Germroth	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address PO Box 20652	<b>Transaction ID:</b> 80111.C2449
	City State Zip Code Alexandria VA 22320-1652	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PACE - Capstone	Occupation Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 55  
(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)  
Francisco X Gonzalez  
 Mailing Address PO Box 4494  
 City State Zip Code  
 Greenwich CT 06831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed SELF-EMPLOYED  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 7  
**Transaction ID:** 80111.C2436  
 Amount of Each Receipt this Period  
 2000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Linda J Grass  
 Mailing Address 242 Cedarview Drive  
 City State Zip Code  
 Perkasio PA 18944-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jeanes Hospital CEO  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 4 / 2 0 0 7  
**Transaction ID:** 80110.C2390  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lon R Greenberg  
 Mailing Address 8848 Montgomery Avenue  
 City State Zip Code  
 Glenside PA 19038-8310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UGI Corporation Chairman  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 4 / 2 0 0 7  
**Transaction ID:** 80110.C2394  
 Amount of Each Receipt this Period  
 500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
John C Haas

Mailing Address 330 North Spring Mill Road

City Villanova State PA Zip Code 19085-1737

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

Name of Employer Retired Occupation RETIRED

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 10 / 04 / 2007  
**Transaction ID:** 80110.C2395  
 Amount of Each Receipt this Period 2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
John C Haas

Mailing Address 330 North Spring Mill Road

City Villanova State PA Zip Code 19085-1737

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

Name of Employer Retired Occupation RETIRED

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 10 / 04 / 2007  
**Transaction ID:** 80319.C2469  
 Amount of Each Receipt this Period 200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Rebecca L Halkias

Mailing Address 31 C Street NE

City Washington State DC Zip Code 20002

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

Name of Employer Self-Employed Occupation LOBBYIST

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 20 / 2007  
**Transaction ID:** 80111.C2448  
 Amount of Each Receipt this Period 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Timothy F Hannegan  
Mailing Address 6601 Lybrook Court  
City State Zip Code  
Bethesda MD 20817-3029  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Wexler & Walker Executive Vice President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7  
Transaction ID: 80110.C2407  
Amount of Each Receipt this Period  
500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert L Healy  
Mailing Address 5925 Kripple Kreek Place  
City State Zip Code  
La Plata MD 20646-3125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Wexler & Walker Sr Vice-President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7  
Transaction ID: 80110.C2404  
Amount of Each Receipt this Period  
500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Paul M Henkels  
Mailing Address 345 Stenton Avenue  
City State Zip Code  
Plymouth Meeting PA 19462  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Henkels & Mc Coy Inc Chairman  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7  
Transaction ID: 80110.C2392  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2000.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Daniel J Hilferty

Mailing Address 220 Cedarbrook Road

City Ardmore State PA Zip Code 19003

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

Name of Employer AmeriHealth Mercy Occupation CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 80111.C2430

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 5410 Mohican Road

City Bethesda State MD Zip Code 20816

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

Name of Employer Wexler & Walker Occupation Sr Vice-President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2007

Transaction ID: 80110.C2405

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 338 S 17th Street

City Philadelphia State PA Zip Code 19103-6724

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

Name of Employer Hopkins & Co Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 80111.C2443

Amount of Each Receipt this Period 1000.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 55  
(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)  
Robert Kearns

Mailing Address 2 Keystone Industrial Park

City State Zip Code  
Scranton PA 18512

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

Name of Employer Occupation  
Muncipal Energy Group Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 21 / 2007

**Transaction ID:** 80111.C2434

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 51 Rex Avenue

City State Zip Code  
Philadelphia PA 19118

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

Name of Employer Occupation  
PNC Bank Investment Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 21 / 2007

**Transaction ID:** 80111.C2440

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 7 Highwoods Road, Kingston Twp

City State Zip Code  
Wyoming PA 18644

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

Name of Employer Occupation  
Housewife Housewife

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 21 / 2007

**Transaction ID:** 80111.C2433

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Samuel M Lehrer

Mailing Address 1919 Chestnut Street  
APT 2405

City Philadelphia State PA Zip Code 19103-3442

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

Name of Employer Self-Employed Occupation SELF-EMPLOYED

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 20 / 2007  
**Transaction ID:** 80111.C2460  
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 230 8th Street, SE

City Washington State DC Zip Code 20003-2107

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

Name of Employer Brownstein, Hyatt, Farber & Sh Occupation Policy Director

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2007  
**Transaction ID:** 80110.C2419  
 Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Charisse R Lillie

Mailing Address 7000 Emlen Street

City Philadelphia State PA Zip Code 19119-2556

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

Name of Employer Comcast Corporation Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2007  
**Transaction ID:** 80110.C2421  
 Amount of Each Receipt this Period 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 55  
(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)  
Edward Long

Mailing Address 430 North Jackson Street

City State Zip Code  
Arlington VA 22201-1720

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

Name of Employer Capitol Associates Inc. Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

**Transaction ID:** 80111.C2450

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Herbert E Long

Mailing Address 501 North Bethlehem Pike  
PO Box 207

City State Zip Code  
Spring House PA 19477

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

Name of Employer Legion Design Campbell Occupation Chairman

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 80110.C2384

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Herbert E Long

Mailing Address 501 North Bethlehem Pike  
PO Box 207

City State Zip Code  
Spring House PA 19477

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

Name of Employer Legion Design Campbell Occupation Chairman

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

**Transaction ID:** 80111.C2442

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 55

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Solomon C Luo

Mailing Address 350 Patton Drive

City State Zip Code  
Orwigsburg PA 17961

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Progressive Vision Institute President

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2007

**Transaction ID:** 80111.C2465

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
John W Macdonald

Mailing Address 15 Morning Glory Drive

City State Zip Code  
Marlton NJ 08053

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-Employed ENGINEER

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2007

**Transaction ID:** 80111.C2457

Amount of Each Receipt this Period  
1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Joel M Malina

Mailing Address 1317 F Street, NW  
Suite 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wexler & Walker Executive VP

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 26 / 2007

**Transaction ID:** 80110.C2400

Amount of Each Receipt this Period  
500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 29 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph W Marshall

Mailing Address 4139 Presidential Drive

City State Zip Code  
**Lafayette Hill PA 19444-1609**

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

Name of Employer Temple University Health System  
Occupation **President / CEO**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	7

**Transaction ID: 80110.C2388**

Amount of Each Receipt this Period  
**1000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey S Moller

Mailing Address One Logan Square  
130 North 18th Street

City State Zip Code  
**Philadelphia PA 19103-6998**

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

Name of Employer Blank Rome  
Occupation **LAWYER**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	7

**Transaction ID: 80111.C2454**

Amount of Each Receipt this Period  
**500.00**

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

**C.** Full Name (Last, First, Middle Initial)  
Alfred E Mottur

Mailing Address 4615 Sedgwick Street NW

City State Zip Code  
**Washington DC 20016-5615**

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

Name of Employer Brownstein, Hyatt, Farber & Sh  
Occupation **LAWYER**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

**Transaction ID: 80110.C2420**

Amount of Each Receipt this Period  
**250.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel R Muroff	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 328 Wadsworth Avenue	<b>Transaction ID:</b> 80111.C2426
	City Philadelphia State PA Zip Code 19119	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-Employed Occupation Govt Affairs Consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) W. Gresham OMalley	Date of Receipt MM / DD / YYYY 10 / 04 / 2007
	Mailing Address 555 Darby Paoli Road	<b>Transaction ID:</b> 80110.C2391
	City Villanova State PA Zip Code 19085	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation RETIRED Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ralph A Saggiomo	Date of Receipt MM / DD / YYYY 10 / 26 / 2007
	Mailing Address 1 Bridlewood Drive	<b>Transaction ID:</b> 80110.C2408
	City New Hope State PA Zip Code 18938-9668	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer BALLARD SPAHR ANDREWS & INGERS Occupation LAWYER Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1000.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

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

Mailing Address 946 Columbia Street

City State Zip Code  
Scranton PA 18509

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

Name of Employer Occupation  
KBC Capital Market Investment Banker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

**Transaction ID:** 80111.C2435

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2600 One Commerce Square

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
Stradley Ronon Lawyer/Partner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	7

**Transaction ID:** 80111.C2464

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 225 South 4th Street  
Apt #205

City State Zip Code  
Philadelphia PA 19106

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

Name of Employer Occupation  
Sheerr Communications Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

**Transaction ID:** 80110.C2413

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 55  
(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)  
Jeffrey Shell

Mailing Address 816 Chauncey Road

City Narberth State PA Zip Code 19072

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

Name of Employer Comcast Corporation Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt 10 / 26 / 2007

Transaction ID: 80110.C2397

Amount of Each Receipt this Period 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Eugene M Smolens

Mailing Address 415 West Lancaster Avenue Unit 6

City Haverford State PA Zip Code 19041

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

Name of Employer Lifecare Podiatry Occupation Podiatrist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt 10 / 04 / 2007

Transaction ID: 80110.C2389

Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dale W Snape

Mailing Address 8301 Weller Avenue

City Mc Lean State VA Zip Code 22102-1707

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

Name of Employer Wexler & Walker Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2007

Transaction ID: 80110.C2401

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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



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

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

FOR LINE NUMBER: PAGE 33 / 55  
(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)  
Wayne S Spilove

Mailing Address 301 South 19th Street, PH

City Philadelphia State PA Zip Code 19103

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

Name of Employer Self-Employed Occupation REAL ESTATE DEVELOPER

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2007  
**Transaction ID:** 80110.C2409  
 Amount of Each Receipt this Period 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Manuel N Stamatkais

Mailing Address PO Box 848

City Valley Forge State PA Zip Code 19482

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

Name of Employer DELAWARE RIVER PORT AUTHORITY Occupation Chairman

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2007  
**Transaction ID:** 80110.C2415  
 Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Joseph W Waz

Mailing Address 46 Summit Street

City Philadelphia State PA Zip Code 19118

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

Name of Employer Comcast Corporation Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 26 / 2007  
**Transaction ID:** 80110.C2399  
 Amount of Each Receipt this Period 2000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 34 / 55  
(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)  
Anne Wexler

Mailing Address 2801 New Mexico Avenue  
Apt 311

City State Zip Code  
Washington DC 20007-3913

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

Name of Employer Occupation  
Wexler & Walker Chairman

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 80110.C2403

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
James L Whitten

Mailing Address 1725 Desales Stret, NW  
Suite 800

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
WHITTEN & DIAMOND LAWYER

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 7

Transaction ID: 80111.C2427

Amount of Each Receipt this Period  
500.00

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

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

**TOTAL** This Period (last page this line number only) ..... ► **50300.00**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 55  
(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)  
Alerted Democratic Majority

Mailing Address Suite 1805 Suburban Station  
1617 JFK Blvd

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 80110.C2398

Amount of Each Receipt this Period  
5000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 55  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

**A.**

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

Mailing Address PO Box 535230

City State Zip Code  
Pittsburgh PA 15253-5230

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** 80110.C2378

Amount of Each Receipt this Period  
1620.40

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

21570.10

**B.**

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

Mailing Address PO Box 535230

City State Zip Code  
Pittsburgh PA 15253-5230

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** 80110.C2379

Amount of Each Receipt this Period  
1506.21

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

23076.31

**C.**

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

Mailing Address PO Box 535230

City State Zip Code  
Pittsburgh PA 15253-5230

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80110.C2380

Amount of Each Receipt this Period  
1497.56

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

24573.87

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4624.17**

**TOTAL** This Period (last page this line number only) ..... ► **4624.17**

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AOL	Transaction ID: 80110.E1567 Date of Disbursement 10 / 03 / 2007
	Mailing Address C/O Suite 500 2000 Market Street	Amount of Each Disbursement this Period 30.90
	City Philadelphia State PA Zip Code 19103-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Itemize Internet Service	INTERNET SERVICE
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) AOL	Transaction ID: 80110.E1568 Date of Disbursement 11 / 05 / 2007
	Mailing Address C/O Suite 500 2000 Market Street	Amount of Each Disbursement this Period 30.90
	City Philadelphia State PA Zip Code 19103-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Itemize Internet Service	INTERNET SERVICE
	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:	

C.	Full Name (Last, First, Middle Initial) AOL	Transaction ID: 80110.E1571 Date of Disbursement 12 / 13 / 2007
	Mailing Address C/O Suite 500 2000 Market Street	Amount of Each Disbursement this Period 32.90
	City Philadelphia State PA Zip Code 19103-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Itemize Internet Service	INTERNET SERVICE
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	94.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 55

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GMAC <hr/> Mailing Address PO Box 105677 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Auto Lease Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1511 Date of Disbursement 10 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 960.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUTO LEASE
<b>B.</b>	Full Name (Last, First, Middle Initial) GMAC <hr/> Mailing Address PO Box 105677 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Auto Lease Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1531 Date of Disbursement 11 / 05 / 2007 <hr/> Amount of Each Disbursement this Period 960.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUTO LEASE
<b>C.</b>	Full Name (Last, First, Middle Initial) GMAC <hr/> Mailing Address PO Box 105677 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Auto Lease Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1532 Date of Disbursement 12 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 960.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUTO LEASE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2881.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 55

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) MBNA <hr/> Mailing Address PO Box 15721 <hr/> City Wilmington State DE Zip Code 19886- <hr/> Purpose of Disbursement Travel Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1516 Date of Disbursement 12 / 21 / 2007 <hr/> Amount of Each Disbursement this Period 274.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL REIMBURSEMENT
B.	Full Name (Last, First, Middle Initial) Plumber & Associates <hr/> Mailing Address 951 E Passyunk Avenue <hr/> City Philadelphia State PA Zip Code 19148- <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1548 Date of Disbursement 11 / 05 / 2007 <hr/> Amount of Each Disbursement this Period 1650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
C.	Full Name (Last, First, Middle Initial) First National Bank <hr/> Mailing Address PO Box 2951 <hr/> City Omaha State NE Zip Code 68103-2951 <hr/> Purpose of Disbursement Credit Card Payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1509 Date of Disbursement 10 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 978.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PAYMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2902.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) First National Bank <hr/> Mailing Address PO Box 2951 <hr/> City Omaha State NE Zip Code 68103-2951 <hr/> Purpose of Disbursement Credit Card Payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1534 Date of Disbursement 10 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 844.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CREDIT CARD PAYMENT</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) First National Bank <hr/> Mailing Address PO Box 2951 <hr/> City Omaha State NE Zip Code 68103-2951 <hr/> Purpose of Disbursement Credit Card Payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1535 Date of Disbursement 12 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 904.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CREDIT CARD PAYMENT</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) PNC Bank <hr/> Mailing Address PO Box 535230 <hr/> City Pittsburgh State PA Zip Code 15253-5230 <hr/> Purpose of Disbursement Bank Service Charge - MM Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1564 Date of Disbursement 10 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>BANK SERVICE CHARGE - MM</b>

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

1759.24

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: 80110.E1565 Date of Disbursement 11 / 01 / 2007
	Mailing Address PO Box 535230	Amount of Each Disbursement this Period 15.00
	City Pittsburgh State PA Zip Code 15253-5230	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Service Charge Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK SERVICE CHARGE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: 80110.E1566 Date of Disbursement 11 / 01 / 2007
	Mailing Address PO Box 535230	Amount of Each Disbursement this Period 10.00
	City Pittsburgh State PA Zip Code 15253-5230	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Service Charge - MM Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK SERVICE CHARGE - MM
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: 80110.E1569 Date of Disbursement 12 / 03 / 2007
	Mailing Address PO Box 535230	Amount of Each Disbursement this Period 10.00
	City Pittsburgh State PA Zip Code 15253-5230	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Service Charge - MM Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK SERVICE CHARGE - MM
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>35.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address PO Box 535230 City Pittsburgh State PA Zip Code 15253-5230 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1570 Date of Disbursement 12 / 03 / 2007 Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK SERVICE CHARGE
B.	Full Name (Last, First, Middle Initial) Carol Campbell Mailing Address 236 North 59th Street City Philadelphia State PA Zip Code 19139- Purpose of Disbursement Picnic Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1562 Date of Disbursement 11 / 15 / 2007 Amount of Each Disbursement this Period 4286.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PICNIC REIMBURSEMENT
C.	Full Name (Last, First, Middle Initial) Bright Hope Baptist Church Mailing Address 12th Street & Cecil B Moore Avenue City Philadelphia State PA Zip Code 19122- Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1550 Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4551.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.

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

Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003-4071

Purpose of Disbursement  
Dues / Dinner

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80110.E1519  
Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

291.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DUES / DINNER

B.

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

Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003-4071

Purpose of Disbursement  
Dues

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80110.E1520  
Date of Disbursement

12 / 20 / 2007

Amount of Each Disbursement this Period

50.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DUES

C.

Full Name (Last, First, Middle Initial)  
H M & Company Company

Mailing Address 1255 C Street SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
Fundraising Services

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80110.E1539  
Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

6000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FUNDRAISING SERVICES

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

6341.13

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) 14th Ward Democratic Executive Committee  Mailing Address C/O 1421 Walnut Street  City Philadelphia State PA Zip Code 19102-  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1553 Date of Disbursement 10 / 12 / 2007  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RENT
B.	Full Name (Last, First, Middle Initial) American Express  Mailing Address C/O 1421 Walnut Street  City Philadelphia State PA Zip Code 19102-  Purpose of Disbursement Picnic Expenses Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1512 Date of Disbursement 10 / 02 / 2007  Amount of Each Disbursement this Period 265.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PICNIC EXPENSES
C.	Full Name (Last, First, Middle Initial) Chrysler Financial  Mailing Address PO Box 2993  City Milwaukee State WI Zip Code 53201-2993  Purpose of Disbursement Auto Lease Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1525 Date of Disbursement 10 / 30 / 2007  Amount of Each Disbursement this Period 520.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  AUTO LEASE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Chrysler Financial

Transaction ID: 80110.E1526  
Date of Disbursement

Mailing Address PO Box 2993

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	7	7

City Milwaukee State WI Zip Code 53201-2993

Amount of Each Disbursement this Period

520.00
--------

Purpose of Disbursement

Auto Lease

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

AUTO LEASE

State: District:

B.

Full Name (Last, First, Middle Initial)  
Maurice Floyd

Transaction ID: 80110.E1540  
Date of Disbursement

Mailing Address 6810 Lincoln Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	7	7

City Philadelphia State PA Zip Code 19119-

Amount of Each Disbursement this Period

4200.00
---------

Purpose of Disbursement

Political Consultant

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

POLITICAL CONSULTANT

State: District:

C.

Full Name (Last, First, Middle Initial)  
Conrad OBrien Gellman & Rohn P.C.

Transaction ID: 80110.E1546  
Date of Disbursement

Mailing Address Sixteenth Floor  
1515 Market Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	7	7

City Philadelphia State PA Zip Code 19102-

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement

Legal Fees

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

LEGAL FEES

State: District:

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

8720.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 55

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Capital Grille <hr/> Mailing Address 1338 Chestnut Street <hr/> City Philadelphia State PA Zip Code 19107- <hr/> Purpose of Disbursement Holiday Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1545 Date of Disbursement 12 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 10100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HOLIDAY EXPENSES
B.	Full Name (Last, First, Middle Initial) Athena Group <hr/> Mailing Address C/O 1421 Walnut Street <hr/> City Philadelphia State PA Zip Code 19102- <hr/> Purpose of Disbursement Research Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1559 Date of Disbursement 10 / 22 / 2007 <hr/> Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RESEARCH
C.	Full Name (Last, First, Middle Initial) First Ward Headquarters <hr/> Mailing Address 1815 South 8th Street <hr/> City Philadelphia State PA Zip Code 19148- <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1558 Date of Disbursement 10 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Aristotle International Inc  Mailing Address 205 Pennsylvania Avenue SE  City Washington State DC Zip Code 20003-  Purpose of Disbursement Computer Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1549 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 350.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>COMPUTER SERVICES</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Union League  Mailing Address 140 South Broad Street  City Philadelphia State PA Zip Code 19102-  Purpose of Disbursement Meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1538 Date of Disbursement 12 / 14 / 2007  Amount of Each Disbursement this Period 764.84  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>MEALS</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Spirit Newspaper  Mailing Address 1428 East Susquehanna Avenue  City Philadelphia State PA Zip Code 19125-  Purpose of Disbursement Advertising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1521 Date of Disbursement 12 / 20 / 2007  Amount of Each Disbursement this Period 210.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>ADVERTISING</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1324.84</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ladies Ancient Order Of Hibernians #87

Mailing Address 2936 Belgrade Street

City Philadelphia State PA Zip Code 19134-

Purpose of Disbursement  
Advertisement  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 80110.E1523  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	7

Amount of Each Disbursement this Period

200.00
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

ADVERTISEMENT

**B.** Full Name (Last, First, Middle Initial)  
Philadelphia Public Record Inc

Mailing Address 1330 Ritner Street

City Philadelphia State PA Zip Code 19148-

Purpose of Disbursement  
Advertising  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 80110.E1543  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	0	7

Amount of Each Disbursement this Period

400.00
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

ADVERTISING

**C.** Full Name (Last, First, Middle Initial)  
Philadelphia Public Record Inc

Mailing Address 1330 Ritner Street

City Philadelphia State PA Zip Code 19148-

Purpose of Disbursement  
Advertisement  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 80110.E1524  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	7

Amount of Each Disbursement this Period

400.00
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

ADVERTISEMENT

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

1000.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 55

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Philadelphia Rowhome Mailing Address P.O. Box 54786 City Philadelphia State PA Zip Code 19148- Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1555 Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
<b>B.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address City Cincinnati State OH Zip Code 45999-0039 Purpose of Disbursement Form 1120 POL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1542 Date of Disbursement 11 / 28 / 2007 Amount of Each Disbursement this Period 226.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FORM 1120 POL
<b>C.</b>	Full Name (Last, First, Middle Initial) Philadelphia Tribune Mailing Address 520 South 16th Street City Philadelphia State PA Zip Code 19146- Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1515 Date of Disbursement 12 / 21 / 2007 Amount of Each Disbursement this Period 94.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUBSCRIPTION

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

1820.64

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 17120 City Tucson State AZ Zip Code 85731-7120 Purpose of Disbursement Mobile Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1510 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 183.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 17120 City Tucson State AZ Zip Code 85731-7120 Purpose of Disbursement Mobile Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1528 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 191.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 17120 City Tucson State AZ Zip Code 85731-7120 Purpose of Disbursement Mobile Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80110.E1529 Date of Disbursement 12 / 03 / 2007 Amount of Each Disbursement this Period 185.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>560.45</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>47125.90</b>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
CCTC

Mailing Address 1823 Callowhill Street

City Philadelphia State PA Zip Code 19130-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80110.E1514  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Troy Baylor

Mailing Address C/O 1421 Walnut Street

City Philadelphia State PA Zip Code 19102-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80110.E1561  
Date of Disbursement

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

Amount of Each Disbursement this Period

300.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Delaware County Democrats

Mailing Address C/O 1421 Walnut Street

City Philadelphia State PA Zip Code 19102-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80110.E1557  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	7

Amount of Each Disbursement this Period

5000.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

6300.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Philadelphia Lincs Inc  Mailing Address C/O 1421 Walnut Street  City Philadelphia State PA Zip Code 19102-  Purpose of Disbursement DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: 80110.E1560 Date of Disbursement 11 / 14 / 2007  Amount of Each Disbursement this Period 1250.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) La Mott Africian Methodist Episcopal  Mailing Address 1505 West Cheltenham Avenue  City Elkins Park State PA Zip Code 19027-  Purpose of Disbursement DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: 80110.E1541 Date of Disbursement 12 / 13 / 2007  Amount of Each Disbursement this Period 5000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Philadelphia NAACP  Mailing Address 1619 Cecil B Moore Avenue  City Philadelphia State PA Zip Code 19121-  Purpose of Disbursement CONTRIBUTION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: 80110.E1547 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 1700.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ladies Ancient Order Of Hibernians #87

Mailing Address 2936 Belgrade Street

City Philadelphia State PA Zip Code 19134-

Purpose of Disbursement  
DONATION

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80110.E1544

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 1617 East Eyre Street

City Philadelphia State PA Zip Code 19125-

Purpose of Disbursement  
REIMBURSE FOR CONTRIBUTION

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80110.E1552

Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

242.93

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Friends of Thaddeus Kirkland

Mailing Address PO Box 755

City Chester State PA Zip Code 19013-

Purpose of Disbursement  
DONATION

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80110.E1556

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

7500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

8242.93

**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 54 / 55

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

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NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Friends of Virginia Wilkes

Mailing Address C/O 1421 Walnut Street

City Philadelphia State PA Zip Code 19102-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80110.E1554

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

500.00

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

22992.93

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 55 / 55
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
BOB BRADY FOR CONGRESS

**Transaction ID:** LS0731200159E89

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Democratic Campaign Committee of Phila	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
Mailing Address 1421 Walnut Street	
City Philadelphia State PA ZIP Code 19102-	

Original Amount of Loan 122000.00	Cumulative Payment To Date 117000.00	Balance Outstanding at Close of This Period 5000.00
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**TERMS**

Date Incurred MM DD YY 05 14 1998	Date Due 20031231	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.