

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Citizens for Boyle

ADDRESS (number and street)

PO Box 11545

Check if different than previously reported. (ACC)

Philadelphia

PA

19116

2. FEC IDENTIFICATION NUMBER ▼

C C00543363

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

PA

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer Janica Kyriacopoulos

Signature of Treasurer Janica Kyriacopoulos

**[Electronically Filed]**

Date

/  /

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

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Citizens for Boyle**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	305172.82	1116768.41
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	4100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	305172.82	1112668.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	118135.64	842770.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	65.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	118135.64	842705.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	309459.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	51164.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Citizens for Boyle**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	90753.20	480577.26
(ii) Unitemized.....	5455.00	70732.80
(iii) TOTAL of contributions from individuals ▶	96208.20	546110.06
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	207625.00	507925.00
(d) The Candidate.....	1339.62	62733.35
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	305172.82	1116768.41
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	70000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	70000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	65.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	21.53
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	305172.82	1186854.94

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	118135.64	842770.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	30000.00	30000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	30000.00	30000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4100.00
21. OTHER DISBURSEMENTS .....	275.00	525.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	148410.64	877395.18

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	152697.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	305172.82
25. SUBTOTAL (add Line 23 and Line 24).....	457870.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	148410.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	309459.76

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

Form/Schedule: F3A  
Transaction ID :

Report is amended to correct Column B figures on the summary pages. In response to question #2 in the RFAI dated 12/11/14, the outstanding beginning balance of the debt owed to Adam Erickson was correctly reported as \$7,270.62, which now matches the outstanding ending balance on the amended prior report.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Valerie Arkoosh**

Mailing Address 530 Spring Ln

City Wyndmoor State PA Zip Code 19038-8413

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

Name of Employer University of Pennsylvania School of M Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10151846**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Hector R Ayala**

Mailing Address 4735 Oakland St

City Philadelphia State PA Zip Code 19124

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

Name of Employer Hispanic Community Counseling Services Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C10294403**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas F Beach Jr**

Mailing Address 922 Fayette St

City Conshohocken State PA Zip Code 19428-1560

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

Name of Employer Remington Vernick & Beach Engineers Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10332325**

Amount of Each Receipt this Period  
500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Lawrence Beaser</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 1 Logan Sq FI 3		<b>Transaction ID : C10299949</b>
City Philadelphia	State PA Zip Code 19103-6930	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Blank Rome LLP	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Marc Bernstein</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 1500 Bardsey Dr		<b>Transaction ID : C10294357</b>
City Lower Gwynedd	State PA Zip Code 19002-1547	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Creative Financial Group	Occupation Financial Planner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Arthur Castelbaum</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 305 Airdale Rd		<b>Transaction ID : C10251024</b>
City Bryn Mawr	State PA Zip Code 19010-2805	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RMA Philadelphia	Occupation physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Chacker**

Mailing Address 1731 Spring Garden St

City Philadelphia State PA Zip Code 19130-3915

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

Name of Employer Gay Chacker Mitten Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C10295689**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 51 Baltimore Ave # 2

City Rehoboth Beach State DE Zip Code 19971-2131

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

Name of Employer None Occupation Real Estate investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : C10313141**

Amount of Each Receipt this Period  
500.00

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

Mailing Address One Comcast Center

City Philadelphia State PA Zip Code 19103

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

Name of Employer Comcast Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10332400**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Keith Cohen**

Mailing Address 130 Belle Cir

City State Zip Code  
Blue Bell PA 19422-1438

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

Name of Employer Occupation  
Law Offices of Keith J. Cohen, Esq Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10294209**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Colleen F Coonelly**

Mailing Address 816 Gatmore Road

City State Zip Code  
Bryn Mawr PA 19010-2937

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

Name of Employer Occupation  
None Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : C10251061**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 901 Homestead Rd

City State Zip Code  
Jenkintown PA 19046

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10332316**

Amount of Each Receipt this Period  
250.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Adrienne Dale Redd PhD**

Mailing Address 312 Summit Ave

City: Jenkintown State: PA Zip Code: 19046-3134

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

Name of Employer: Schools for Sustainability Occupation: Sociologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 08 / 25 / 2014

**Transaction ID : C10223676**

Amount of Each Receipt this Period: 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Louis J DeCree Jr.**

Mailing Address 13085 Lindsay St

City: Philadelphia State: PA Zip Code: 19116-1715

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

Name of Employer: 2000 Investments LP Occupation: Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 09 / 28 / 2014

**Transaction ID : C10328384**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1605 Quincy Ave

City: Dunmore State: PA Zip Code: 18509-2135

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

Name of Employer: Lightman Welby & Stoltenberg Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 275.00

Date of Receipt: 07 / 14 / 2014

**Transaction ID : C10126644**

Amount of Each Receipt this Period: 250.00

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

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

3100.00

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

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

FOR LINE NUMBER: PAGE 11 OF 142  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Todd Eagen**

Mailing Address 1605 Quincy Ave

City Dunmore State PA Zip Code 18509-2135

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

Name of Employer Lightman Welby & Stoltenberg Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10153481**

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank R Emmerich Jr**

Mailing Address 612 Cheltena Ave

City Jenkintown State PA Zip Code 19046

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

Name of Employer Conrad O'Brien Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10276821**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 54 Hassart St  
Apt B2

City New Brunswick State NJ Zip Code 08901-2557

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

Name of Employer Citizens for Boyle/Pallone for Congress Occupation Campaign Staff

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1422.07

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : C10140010**

Amount of Each Receipt this Period  
 100.00

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

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

625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Erlbaum**

Mailing Address 44 W Lancaster Ave  
Ste 110

City Ardmore State PA Zip Code 19003-1350

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

Name of Employer Greentree Properties Corp. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10299960**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 42 W Lancaster Ave  
Fl 2

City Ardmore State PA Zip Code 19003-1331

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

Name of Employer Regency Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10299961**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Helen J Esbenshade**

Mailing Address 203 N Matlack St

City West Chester State PA Zip Code 19380-2637

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

Name of Employer Conrad O'Brien Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10276826**

Amount of Each Receipt this Period  
500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Charles E Feldman**

Mailing Address 9679 Pine Road

City Philadelphia State PA Zip Code 19115-2747

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

Name of Employer Garden of Earthly delights Occupation store owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : C10193586**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2038 Washington Ave # 2052

City Philadelphia State PA Zip Code 19146-2832

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

Name of Employer VJF Enterprises Inc Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10299962**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert D. Fox**

Mailing Address 221 Derwen Road

City Merion Station State PA Zip Code 19066

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

Name of Employer Manko Gold Katcher Fox LLP Occupation Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10332410**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 14 OF 142  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Carly Frame**

Mailing Address 119 Christine Dr

City State Zip Code  
Downingtown PA 19335-1516

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

Name of Employer Occupation  
Citizens for Boyle Staff

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1045.95**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : C10365371**

Amount of Each Receipt this Period  
**102.27**

\* In-Kind: Mileage

**B.** Full Name (Last, First, Middle Initial)  
**Gary B Freedman Esq.**

Mailing Address 318 Peachtree Dr

City State Zip Code  
Jenkintown PA 19046-5003

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

Name of Employer Occupation  
Gary B. Freedman, LLM Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : C10193685**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 1849 Ontario PI NW

City State Zip Code  
Washington DC 20009-2108

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

Name of Employer Occupation  
NAREIT VP - Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : C10279447**

Amount of Each Receipt this Period  
**500.00**

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

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

**852.27**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Jennifer Frost**

Mailing Address 3701 Porter St NW

City Washington State DC Zip Code 20016-3103

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

Name of Employer The Frost Group Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : C10131444**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 139 N Cliffwood Ave

City Los Angeles State CA Zip Code 90049-2613

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

Name of Employer self Occupation phtographer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10299529**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 322 S 46th St

City Phila State PA Zip Code 19143-1802

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

Name of Employer Irish edition Occupation photographer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10299477**

Amount of Each Receipt this Period  
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>Vincent Gillen</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 700 Belvoir Rd		<b>Transaction ID : C10151855</b>
City Plymouth Meeting	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Plymouth Township	Occupation Plymouth Township Council	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1092.00	

Full Name (Last, First, Middle Initial) <b>Elliott Goldberg</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 170 Fairway Dr		<b>Transaction ID : C10151824</b>
City Warminster	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Northeast Metal Traders Inc	Occupation Founder	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	2014 Primary Debt Retirement

Full Name (Last, First, Middle Initial) <b>Mitchell J Goldberg</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 17 Martindell Dr		<b>Transaction ID : C10151820</b>
City Newtown	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Northeast Metal Traders	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	2014 Primary Debt Retirement

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<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 17 OF 142  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald W. Greller**

Mailing Address 6004 Pidcock Creek Rd

City State Zip Code  
New Hope PA 18938-9310

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

Name of Employer Occupation  
Morris Iron and Steel Co., Inc. President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : C10151815**

Amount of Each Receipt this Period  
2500.00

2014 Primary Debt Retirement

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

Mailing Address 322 Pepper Rd

City State Zip Code  
Huntingdon Valley PA 19006

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

Name of Employer Occupation  
Freedman & Grinshpun, PC Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : C10193594**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 419 Avenue of the States

City State Zip Code  
Chester PA 19013

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

Name of Employer Occupation  
CSMI Education Management CEO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10276834**

Amount of Each Receipt this Period  
500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Beverly Hahn**

Mailing Address 1621 Winchester Dr

City State Zip Code  
Blue Bell PA 19422-3527

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2014

**Transaction ID : C10294317**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 101 Hedgerow Way

City State Zip Code  
Lansdale PA 19446-5071

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

Name of Employer Occupation  
N/A volunteer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2014

**Transaction ID : C10228948**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 101 Hedgerow Way

City State Zip Code  
Lansdale PA 19446-5071

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

Name of Employer Occupation  
N/A volunteer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : C10277644**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 317 C St NE

City Washington State DC Zip Code 20002-5709

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

Name of Employer C2 Group Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : C10301433**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Bohdan A Harasewych**

Mailing Address 407 Hemlock Rd

City Flourtown State PA Zip Code 19031

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

Name of Employer Farmers Insurance Occupation Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10344365**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 312 Flourtown Rd

City Lafayette Hill State PA Zip Code 19444

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

Name of Employer SouthEast Realty Transfer LLC Occupation General Counsel and Co-Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1092.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10152022**

Amount of Each Receipt this Period  
1000.00

2014 Primary Debt Retirement

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 20 OF 142  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Khaled Hassan**  
 Mailing Address 3100 Horizon Drive  
 Suite 200  
 City State Zip Code  
 King of Prussia PA 19406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pennoni Associates Associate VP/Office Director  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : C10332382**  
 Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Hennessy**  
 Mailing Address 89 Lynne Cir  
 City State Zip Code  
 Paoli PA 19301-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conrad O'Brien Partner  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 3009.80

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 10 / 2014  
**Transaction ID : C10181557**  
 Amount of Each Receipt this Period  
 60.00

**C.** Full Name (Last, First, Middle Initial)  
**Patricia Hennessy**  
 Mailing Address 89 Lynne Cir  
 City State Zip Code  
 Paoli PA 19301-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conrad O'Brien Partner  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 3009.80

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : C10365359**  
 Amount of Each Receipt this Period  
 2449.80  
 \* In-Kind: Event Room Rental and Food

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

2759.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>Scott H Heppard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2014
Mailing Address 225 Loring Ct		<b>Transaction ID : C10301403</b>
City Sewell	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer Boyle for Congress	Occupation Campaign Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3452.00	

Full Name (Last, First, Middle Initial) <b>Scott H Heppard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 225 Loring Ct		<b>Transaction ID : C10365362</b>
City Sewell	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 279.68
Name of Employer Boyle for Congress	Occupation Campaign Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3452.00	* In-Kind: Mileage

Full Name (Last, First, Middle Initial) <b>Scott H Heppard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 225 Loring Ct		<b>Transaction ID : C10365365</b>
City Sewell	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 69.01
Name of Employer Boyle for Congress	Occupation Campaign Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3452.00	* In-Kind: Tolls

<b>SUBTOTAL</b> of Receipts This Page (optional).....	353.69
<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 22 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Nicholas Himebaugh**

Mailing Address 220 Stallion Ln

City Schwenksville State PA Zip Code 19473-1855

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

Name of Employer PA House of Representatives Occupation Legislative Aide

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1807.99**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : C10365373**

Amount of Each Receipt this Period  
**51.98**

\* In-Kind: Mileage

**B.** Full Name (Last, First, Middle Initial)  
**Kevin C Hoke**

Mailing Address 308 Davisville Rd

City Willow Grove State PA Zip Code 19090-3321

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

Name of Employer Self Occupation Certified Public Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : C10210491**

Amount of Each Receipt this Period  
**125.00**

**C.** Full Name (Last, First, Middle Initial)  
**Christine M. Hope**

Mailing Address 3418 Holyoke Rd Ste 900

City Philadelphia State PA Zip Code 19114-2604

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

Name of Employer Hope & Beloff, P.C. Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 10 / 2014**

**Transaction ID : C10186661**

Amount of Each Receipt this Period  
**100.00**

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

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

**276.98**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>Debra Coffman Howe</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 673 Hermitage Circle		<b>Transaction ID : C10348847</b>
City Palm Beach Gardens	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Airamid Health Management	Occupation President/CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>William J Kenny Jr</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 8606 Glenloch St.		<b>Transaction ID : C10311682</b>
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BSM	Occupation Journalist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Kevin Dooley Kent</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 229 Shawnee Rd		<b>Transaction ID : C10276836</b>
City Ardmore	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Conrad O'Brien PC	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Michael Kerlin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 2215 Pine St		<b>Transaction ID : C10273662</b>
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer McKinsey & Company	Occupation Management Consulting	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00	

Full Name (Last, First, Middle Initial) <b>B. Betsy Kilkenny</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 715 Washington Ln		<b>Transaction ID : C10311725</b>
City Jenkintown	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Abington Art Center	Occupation Executive Director	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3516.63	

Full Name (Last, First, Middle Initial) <b>C. Betsy Kilkenny</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 715 Washington Ln		<b>Transaction ID : C10365368</b>
City Jenkintown	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 516.63
Name of Employer Abington Art Center	Occupation Executive Director	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3516.63	* In-Kind: Event Food and Beverages

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1916.63
<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 25 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Sean Kilkenny**

Mailing Address 715 Washington Ln

City: Jenkintown State: PA Zip Code: 19046-2953

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

Name of Employer: Friedman-Schuman Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 09 / 28 / 2014

**Transaction ID : C10307892**

Amount of Each Receipt this Period: 1600.00

**B.** Full Name (Last, First, Middle Initial)  
**Kevin P Kinross**

Mailing Address 143 Sharbot Dr

City: Pittsburgh State: PA Zip Code: 15237-1759

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

Name of Employer: Onorato for Governor Occupation: Campaign Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 450.00

Date of Receipt: 08 / 11 / 2014

**Transaction ID : C10181541**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Kevin P Kinross**

Mailing Address 143 Sharbot Dr

City: Pittsburgh State: PA Zip Code: 15237-1759

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

Name of Employer: Onorato for Governor Occupation: Campaign Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 450.00

Date of Receipt: 09 / 26 / 2014

**Transaction ID : C10327691**

Amount of Each Receipt this Period: 200.00

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

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

2050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>Stephen B Klein</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 1735 Market St Ste 4010		<b>Transaction ID : C10224229</b>
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer The Klein Company	Occupation CEO/President/Founder	2014 Primary Debt Retirement
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>Stephen B Klein</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 1735 Market St Ste 4010		<b>Transaction ID : C10328350</b>
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer The Klein Company	Occupation CEO/President/Founder	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>Anna Kovacs</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2014
Mailing Address 10769 Jeanes St		<b>Transaction ID : C10208829</b>
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Amerihealth Caritas	Occupation Health Care Analyst	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>William Kramer</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 45 Oakwood Dr		<b>Transaction ID : C10311960</b>
City Dresher	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Aetna	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Patrick V Larkin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 40 W Front St		<b>Transaction ID : C10294285</b>
City Media	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arthur J. Gallagher & Co	Occupation Area President - Pennsylvania	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>John P Lavelle Jr</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 1701 Market Street		<b>Transaction ID : C10251048</b>
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Morgan Lewis	Occupation Lawyer; Partner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence R. Lesser**

Mailing Address 334 Saint Andrews Pl

City State Zip Code  
Blue Bell PA 19422-1290

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

Name of Employer Occupation  
Friedman Schuman Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : C10276807**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 117 Chesney Ln

City State Zip Code  
Glenside PA 19038-7803

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

Name of Employer Occupation  
Springfield Twp Dems Dem Committeeperson

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2535.77**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : C10363097**

Amount of Each Receipt this Period  
**2185.77**

\* In-Kind: Event Food and Beverages

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

Mailing Address 9748 Morefield Pl

City State Zip Code  
Philadelphia PA 19115-1827

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

Name of Employer Occupation  
student student

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : C10251035**

Amount of Each Receipt this Period  
**118.50**

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

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

**3304.27**

**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 29 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 129 Heather Rd  
Apt 2

City Upper Darby State PA Zip Code 19082-3208

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

Name of Employer Omni Health Services Inc Occupation Behavioral Specialist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C10294339**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Deborah Lee McCarter**

Mailing Address 211 W Waverly Rd

City Glenside State PA Zip Code 19038-4013

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

Name of Employer Cheltenham Democrats Occupation Committee Person

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : C10153659**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Alyson J. McDonald**

Mailing Address 2107 Green St  
Apt 3F

City Philadelphia State PA Zip Code 19130

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

Name of Employer Friedman Schuman P.C. Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10332388**

Amount of Each Receipt this Period  
150.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>William J McLaughlin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 731 Hazelhurst Ave		<b>Transaction ID : C10276830</b>
City Merion Station	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer McLaughlin & Morgan, Inc.	Occupation Principal	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>Ari Mittleman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3402 Janellen Dr		<b>Transaction ID : C10321903</b>
City Baltimore	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Roberti + White, LLC	Occupation Partner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Robert H. Nemeroff</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 849 Green Ridge Cir		<b>Transaction ID : C10334807</b>
City Feasterville Trevoese	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Friedman Schuman	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Bob O'Donnell**

Mailing Address 1601 Market St  
Ste 2310

City Philadelphia State PA Zip Code 19103-2306

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

Name of Employer O'Donnell Associates Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10276973**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7345 Milnor St

City Philadelphia State PA Zip Code 19136-4222

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

Name of Employer Morris Iron and Steel Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : C10151830**

Amount of Each Receipt this Period  
2500.00

2014 Primary Debt Retirement

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

Mailing Address 1023 Foster St

City Philadelphia State PA Zip Code 19116-3407

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

Name of Employer Democratic Caucus, PA H of R Occupation Legislative Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 10 / 2014

**Transaction ID : C10181552**

Amount of Each Receipt this Period  
100.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Manishi Prasad**

Mailing Address 284 Dodds Ln

City State Zip Code  
Princeton NJ 08540-4108

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

Name of Employer Occupation  
Sanofi Aventis Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 21 / 2014

**Transaction ID : C10282665**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Brian J Preski**

Mailing Address 9901 Player Dr

City State Zip Code  
Philadelphia PA 19115-1021

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

Name of Employer Occupation  
Not Employed None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1137.56

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C10294424**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Brian J Preski**

Mailing Address 9901 Player Dr

City State Zip Code  
Philadelphia PA 19115-1021

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

Name of Employer Occupation  
Not Employed None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1137.56

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C10365372**

Amount of Each Receipt this Period  
137.56

\* In-Kind: Event Food and Beverages

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

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

1387.56



**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 33 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Pramanand S Rangari**

Mailing Address 3801 Baring St  
Apt 2F

City Philadelphia State PA Zip Code 19104-5113

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

Name of Employer Omni Health Services Inc Occupation Program Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C10294350**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 815 Pardee Ln

City Wyncote State PA Zip Code 19095-1609

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

Name of Employer Revere Suburban Realty Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10314711**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sean M. Reilly**

Mailing Address 826 Kerper St

City Philadelphia State PA Zip Code 19111

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

Name of Employer Roscommon International Occupation President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C10294433**

Amount of Each Receipt this Period  
1000.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Jazmine Rivera-Rodriguez</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 621 W Liberty St		<b>Transaction ID : C10294364</b>
City Allentown	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Omni Health Services Inc	Occupation Office Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. James J. Rohn</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 1510 Pennsylvania Ave		<b>Transaction ID : C10276844</b>
City Paoli	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Conrad O'Brien	Occupation Chairman	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) <b>C. Phyllis Rohn</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 1510 Pennsylvania Ave		<b>Transaction ID : C10276852</b>
City Paoli	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald I Rosen**

Mailing Address 1601 Market Street, Suite 2300

City Philadelphia State PA Zip Code 19103

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

Name of Employer Tabas & Rosen, P.C. Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C10294429**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1343 Ascot Pl

City Philadelphia State PA Zip Code 19116-1501

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
311.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : C10147407**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1343 Ascot Pl

City Philadelphia State PA Zip Code 19116-1501

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
311.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : C10301327**

Amount of Each Receipt this Period  
36.00

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

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

1286.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Bob Rovner**

Mailing Address 175 Bustleton Pike

City Feasterville State PA Zip Code 19053

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

Name of Employer Information Requested Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10153435**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 175 Bustleton Pike

City Feasterville State PA Zip Code 19053

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

Name of Employer Information Requested Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10153670**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1165 Willard Rd

City Huntingdon Valley State PA Zip Code 19006

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

Name of Employer Information Requested Occupation Attorney  
Robert A Rovner P.C.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10153443**

Amount of Each Receipt this Period  
100.00

2014 Primary Debt Retirement

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

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

225.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Howard Rovner**

Mailing Address 1165 Willard Rd

City: Huntingdon Valley State: PA Zip Code: 19006

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

Name of Employer: Robert A Rovner P.C. Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 225.00

Date of Receipt: 07 / 24 / 2014

**Transaction ID : C10153672**

Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
**Jonathan A Saidel**

Mailing Address 12th Floor Municipal Building 1401

City: Phila State: PA Zip Code: 19102

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

Name of Employer: Cohen Placitella Roth PC Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 24 / 2014

**Transaction ID : C10151841**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1644 Warner Rd

City: Jenkintown State: PA Zip Code: 19046-1915

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

Name of Employer: International Education Opportunities Occupation: Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 225.00

Date of Receipt: 07 / 24 / 2014

**Transaction ID : C10153441**

Amount of Each Receipt this Period: 100.00

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

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

1125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Kerry Scott Schuman**

Mailing Address 428 Newbold Rd

City State Zip Code  
Jenkintown PA 19046-2851

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

Name of Employer Occupation  
Friedman Schuman Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C10294280**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Stuart H Shapiro**

Mailing Address 315 N. Second Street

City State Zip Code  
Harrisburg PA 17101

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

Name of Employer Occupation  
Pennsylvania Health Care Association President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10348844**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 7 Windsor Avenue

City State Zip Code  
Elkins Park PA 19027

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

Name of Employer Occupation  
Klein Jewish Community Center Vice President of Programs and Educati

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : C10193577**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Smith**

Mailing Address 361 Tulpehocken Ave

City Elkins Park State PA Zip Code 19027-1638

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 24 / 2014**

**Transaction ID : C10153434**

Amount of Each Receipt this Period  
**100.00**

2014 Primary Debt Retirement

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

Mailing Address 361 Tulpehocken Ave

City Elkins Park State PA Zip Code 19027-1638

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : C10193600**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Michael D. Smith**

Mailing Address 3513 Bradley Lane

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Cornerstone Government Affairs Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 14 / 2014**

**Transaction ID : C10142907**

Amount of Each Receipt this Period  
**1000.00**

2014 Primary Debt Retirement

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Nathan Smith</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 401 C Street, NE		<b>Transaction ID : C10365358</b>
City Washington	State DC	
Zip Code 20002-8122		Amount of Each Receipt this Period 71.00
FEC ID number of contributing federal political committee. C		* In-Kind: Event Food and Beverages
Name of Employer American Traffic Safety Services Assoc	Occupation Assoc. Dir. of Government Relations	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 221.00	

Full Name (Last, First, Middle Initial) <b>B. Jonathan H Spergel</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 314 Kent Rd		<b>Transaction ID : C10331988</b>
City Bala Cynwyd	State PA	
Zip Code 19004-2834		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Manko, Gold, Katcher & Fox, LLP	Occupation Lawyer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Strazzella</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 4920 26th St N		<b>Transaction ID : C10314714</b>
City Arlington	State VA	
Zip Code 22207-2633		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Buchanan Ingersoll & Rooney	Occupation Government Relations Professional	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	821.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Laurie A Stupak**

Mailing Address **W5499 48th Ave**

City **Menominee** State **MI** Zip Code **49858-1449**

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

Name of Employer **None** Occupation **Not Employed**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : C10327621**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **125 Black Walnut Ln**

City **Plymouth Meeting** State **PA** Zip Code **19462-1948**

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

Name of Employer **Friedman Schuman P.C.** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : C10344372**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **184 Covered Bridge Rd**

City **New Hope** State **PA** Zip Code **18938-5304**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : C10295693**

Amount of Each Receipt this Period  
**2000.00**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 142	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Robert S. Taylor**

Mailing Address 760 Tower View Cir

City State Zip Code  
New Hope PA 18938-9400

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

Name of Employer Occupation  
The Cameron Companies LLC Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : C10251020**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 126 Newport Ln

City State Zip Code  
North Wales PA 19454-1458

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

Name of Employer Occupation  
Temp Solutions CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : C10294354**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ron L. Woodman**

Mailing Address 101 Greenwood Avenue, Fifth Floor

City State Zip Code  
Jenkintown PA 19046

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

Name of Employer Occupation  
Friedman Schuman Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 17 / 2014**

**Transaction ID : C10294293**

Amount of Each Receipt this Period  
**250.00**

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

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

**2250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Wrigley**

Mailing Address 9853 Jeanes St

City Philadelphia State PA Zip Code 19115-1910

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

Name of Employer Independence Blue Cross Occupation Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : C10306063**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 1423 Royal Oak Dr

City Blue Bell State PA Zip Code 19422-2165

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

Name of Employer RSZ Orthopedics Occupation Orthopedic Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10294361**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 1845 Walnut St  
FI 24

City Philadelphia State PA Zip Code 19103-4708

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

Name of Employer Willig, Williams, Davidson Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **212.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10152177**

Amount of Each Receipt this Period  
**100.00**

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 1845 Walnut St  
FI 24

City Philadelphia State PA Zip Code 19103-4708

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

Name of Employer Willig, Williams, Davidson Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
212.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 10 / 2014

**Transaction ID : C10186669**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
**Pittston Animal Hospital**

Mailing Address 4 Oconnell St

City Pittston State PA Zip Code 18640-2515

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : C10137997**

Amount of Each Receipt this Period  
1000.00

LLC - Members below if itemized. Permissible funds.

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

Mailing Address 4 Oconnell St

City Pittston State PA Zip Code 18640-2515

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

Name of Employer Pittston Animal Hospital Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : C10138003**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
\*

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

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

1020.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Dilworth Paxson LLP**

Mailing Address 1500 Market St  
Ste 3500E

City Philadelphia State PA Zip Code 19102-2101

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : C10276917**

Amount of Each Receipt this Period  
1000.00

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
**Obermayer Rebmann Maxwell & Hippel**

Mailing Address 1617 John F Kennedy Blvd  
Fl 19

City Philadelphia State PA Zip Code 19103-1833

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10294247**

Amount of Each Receipt this Period  
700.00

PARTNERSHIP--partners below if itemized

**C.** Full Name (Last, First, Middle Initial)  
**Thomas A. Leonard**

Mailing Address 1617 John F Kennedy Blvd  
Fl 19

City Philadelphia State PA Zip Code 19103-1833

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

Name of Employer Occupation  
Obermayer Rebmann Maxwell & Hippel LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10352554**

Amount of Each Receipt this Period  
700.00

**[MEMO ITEM]**  
\*

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Obermayer Rebmann Maxwell & Hippel**

Mailing Address 1617 John F Kennedy Blvd  
FI 19

City Philadelphia State PA Zip Code 19103-1833

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10294270**

Amount of Each Receipt this Period  
1900.00

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
**Thomas A. Leonard**

Mailing Address 1617 John F Kennedy Blvd  
FI 19

City Philadelphia State PA Zip Code 19103-1833

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

Name of Employer Occupation  
Obermayer Rebmann Maxwell & Hippel LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10352556**

Amount of Each Receipt this Period  
1900.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**Manko Gold Katcher & Fox LLP**

Mailing Address 401 E City Ave  
Ste 901

City Bala Cynwyd State PA Zip Code 19004

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10348991**

Amount of Each Receipt this Period  
500.00

PARTNERSHIP--partners below if itemized

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

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

2400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Robert D. Fox**

Mailing Address 221 Derwen Road

City Merion Station State PA Zip Code 19066

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

Name of Employer Manko Gold Katcher Fox LLP Occupation Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10348992**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Jonathan H Spergel**

Mailing Address 314 Kent Rd

City Bala Cynwyd State PA Zip Code 19004-2834

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

Name of Employer Manko, Gold, Katcher & Fox, LLP Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10348993**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**Curtin & Heefner Attorneys at Law**

Mailing Address 250 N Pennsylvania Ave  
Box 217

City Morrisville State PA Zip Code 19067

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10350244**

Amount of Each Receipt this Period  
 250.00

PARTNERSHIP--partners below if itemized

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 48 OF 142  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Jordan B. Yeager**

Mailing Address 250 N Pennsylvania Ave  
Box 217

City State Zip Code  
Morrisville PA 19067

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

Name of Employer Occupation  
Curtin & Heefner Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 30 2014

**Transaction ID : C10350247**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\*

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

Mailing Address 2005 Market St  
Ste 2600

City State Zip Code  
Philadelphia PA 19103-7018

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 30 2014

**Transaction ID : C10358034**

Amount of Each Receipt this Period  
1000.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 2005 Market St  
Ste 2600

City State Zip Code  
Philadelphia PA 19103-7018

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

Name of Employer Occupation  
Stradley Ronan Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 30 2014

**Transaction ID : C10358035**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
\*

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

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

1000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**2000 Investors LP**

Mailing Address 2000 Bennett Rd

City Philadelphia State PA Zip Code 19116-3020

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : C10358038**

Amount of Each Receipt this Period  
250.00

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
**Louis Paul DeCree Sr**

Mailing Address 7140 Montague St

City Philadelphia State PA Zip Code 19135-1109

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

Name of Employer Occupation  
L & M Warehouse Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : C10359969**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**Saul Ewing LLP**

Mailing Address 1500 Market St  
38th Fl

City Philadelphia State PA Zip Code 19102

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10375106**

Amount of Each Receipt this Period  
750.00

PARTNERSHIP--partners below if itemized

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Aimee Bramley**

Mailing Address 440 E Cornell Dr  
#4

City Sterling State VA Zip Code 20164

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

Name of Employer NADA Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 04 / 2014

**Transaction ID : C10132066A**

Amount of Each Receipt this Period  
25.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City CAMBRIDGE State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
885.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2014

**Transaction ID : C10132066AB**

Amount of Each Receipt this Period  
25.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 440 E Cornell Dr  
#4

City Sterling State VA Zip Code 20164

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

Name of Employer NADA Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2014

**Transaction ID : C10181527A**

Amount of Each Receipt this Period  
25.00

\* Earmarked Contribution: See Below

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

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

50.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
885.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : C10181527AB**

Amount of Each Receipt this Period  
25.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 440 E Cornell Dr  
#4

City State Zip Code  
Sterling VA 20164

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

Name of Employer Occupation  
NADA Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : C10259075A**

Amount of Each Receipt this Period  
25.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
885.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : C10259075AB**

Amount of Each Receipt this Period  
25.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

25.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Crespin**

Mailing Address 6907 Willow St

City Falls Church State VA Zip Code 22046-2220

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

Name of Employer CollaborateUp Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : C10339660A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City CAMBRIDGE State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
885.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10339660AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 1400 Melrose Ave

City Elkins Park State PA Zip Code 19027-3155

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

Name of Employer None Occupation Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10156764A**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
885.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2014

**Transaction ID : C10156764AB**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 1400 Melrose Ave

City State Zip Code  
Elkins Park PA 19027-3155

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

Name of Employer Occupation  
None Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 24 / 2014

**Transaction ID : C10225841A**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
885.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 25 / 2014

**Transaction ID : C10225841AB**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

50.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Janet Dunphy**

Mailing Address 1400 Melrose Ave

City Elkins Park State PA Zip Code 19027-3155

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

Name of Employer None Occupation Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 24 / 2014**

**Transaction ID : C10339659A**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City CAMBRIDGE State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **885.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : C10339659AB**

Amount of Each Receipt this Period  
**50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 10769 Jeanes St

City Philadelphia State PA Zip Code 19116-3315

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

Name of Employer Amerihealth Caritas Occupation Health Care Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : C10339656A**

Amount of Each Receipt this Period  
**25.00**

\* Earmarked Contribution: See Below

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

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

**75.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 142
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
885.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 30 2014

**Transaction ID : C10339656AB**

Amount of Each Receipt this Period  
25.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 4508 Dolphin Lane

City State Zip Code  
Alexandria VA 22309-3110

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

Name of Employer Occupation  
Not employed Not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 30 2014

**Transaction ID : C10339653A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
885.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 30 2014

**Transaction ID : C10339653AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

100.00

90753.20

**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 56 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Abington-Rockledge Democratic Committee**

Mailing Address 1608 Upland Ave

City State Zip Code  
Jenkintown PA 19046-2309

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10155851**

Amount of Each Receipt this Period  
750.00

2014 Primary Debt Retirement; Permissible Funds

**B.** Full Name (Last, First, Middle Initial)  
**AIR PRODUCTS AND CHEMICALS, INC. POLITICAL ALLIANCE**

Mailing Address P.O. BOX 441

City State Zip Code  
TREXLERTOWN PA 18087

FEC ID number of contributing federal political committee. **C** C00127258

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : C10294307**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMALGAMATED TRANSIT UNION - COPE**

Mailing Address 5025 WISCONSIN AVE NW

City State Zip Code  
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10331963**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN AIRLINES INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1101 17TH STREET N.W.  
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00107300**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : C10142961**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 Connecticut Ave NW  
Ste 600

City Washington State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : C10251033**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C10169511**

Amount of Each Receipt this Period  
2000.00

**[MEMO ITEM]**  
\* Original contribution

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : C10344379**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO**

Mailing Address **1625 L St NW**

City **Washington** State **DC** Zip Code **20036-5665**

FEC ID number of contributing federal political committee. **C C90011172**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : C10251016**

Amount of Each Receipt this Period  
**3000.00**

**C.** Full Name (Last, First, Middle Initial)  
**American Federation of Teachers AFL-CIO Committee**

Mailing Address **555 NEW JERSEY AVENUE, NW**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00028860**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : C10331971**

Amount of Each Receipt this Period  
**5000.00**

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

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

**9000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 70980**

City **WASHINGTON** State **DC** Zip Code **20024**

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : C10348835**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **25 MASSACHUSETTS AVE, NW SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : C10328362**

Amount of Each Receipt this Period  
**3000.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION**

Mailing Address **1300 L STREET NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00010322**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : C10199054**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**  
 \* Original contribution received 6/30/14

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 142	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address 1061 AMERICAN LANE

City State Zip Code  
SCHAUMBURG IL 60173

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : C10344443**

Amount of Each Receipt this Period  
5000.00

2014 Primary Debt Retirement

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES APAC**

Mailing Address 1575 I St NW

City State Zip Code  
Washington DC 20005-1105

FEC ID number of contributing federal political committee. **C C00041566**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2014

**Transaction ID : C10301431**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE**

Mailing Address P. O. DRAWER 938

City State Zip Code  
THIBODAUX LA 70302

FEC ID number of contributing federal political committee. **C C00081414**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2014

**Transaction ID : C10163250**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 61 OF 142  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION PAC**

Mailing Address 15 Riverside Pkwy  
Ste 100

City State Zip Code  
Fredericksburg VA 22406-1077

FEC ID number of contributing federal political committee. **C C00281717**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2014

**Transaction ID : C10199076**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\* Original contribution received 6/23/14 to be redesignated

**B.** Full Name (Last, First, Middle Initial)  
**AMERIPAC: THE FUND FOR A GREATER AMERICA**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00271338**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2014

**Transaction ID : C10153766**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)**

Mailing Address 1300 Morris Dr  
Ste 100

City State Zip Code  
Chesterbrook PA 19087-5559

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2014

**Transaction ID : C10137736**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>ANA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 8515 GEORGIA AVENUE SUITE 400		<b>Transaction ID : C10142897</b>
City SILVER SPRING	State MD	
FEC ID number of contributing federal political committee. <b>C C00017525</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	2014 Primary Debt Retirement
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00	

Full Name (Last, First, Middle Initial) <b>ANA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 8515 GEORGIA AVENUE SUITE 400		<b>Transaction ID : C10331979</b>
City SILVER SPRING	State MD	
FEC ID number of contributing federal political committee. <b>C C00017525</b>		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00	

Full Name (Last, First, Middle Initial) <b>ANNA ESHOO FOR CONGRESS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 555 Capitol Mall Ste 1425		<b>Transaction ID : C10142896</b>
City Sacramento	State CA	
FEC ID number of contributing federal political committee. <b>C C00258475</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**ANNA ESHOO FOR CONGRESS**

Mailing Address 555 Capitol Mall  
Ste 1425

City Sacramento State CA Zip Code 95814-4602

FEC ID number of contributing federal political committee. **C** C00258475

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10153746**

Amount of Each Receipt this Period  
2000.00

2014 Primary Debt Retirement

**B.** Full Name (Last, First, Middle Initial)  
**Area 11 Democratic Committee**

Mailing Address PO Box 844

City Norristown State PA Zip Code 19404-0844

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10155882**

Amount of Each Receipt this Period  
500.00

Permissible Funds Information Requested

**C.** Full Name (Last, First, Middle Initial)  
**Area 14 Democratic Committee**

Mailing Address PO Box 166

City Blue Bell State PA Zip Code 19422

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : C10155863**

Amount of Each Receipt this Period  
100.00

Permissible Funds Information Requested

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. ARENT FOX LLP PAC (AFPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 1717 K St NW ARENT FOX LLP		<b>Transaction ID : C10137734</b>	
City Washington State DC Zip Code 20006-5343	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C C00241380</b>	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. BAKERY, CONFECTIONERY, TOBACCO WORKERS AND GRAIN MILLERS INTERNATIONAL UNION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 10401 CONNECTICUT AVENUE		<b>Transaction ID : C10142912</b>	
City KENSINGTON State MD Zip Code 20895	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00127621</b>	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMENTS PAC (BRIDGE PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 499 SOUTH CAPITOL ST SW SUITE 422		<b>Transaction ID : C10327647</b>	
City WASHINGTON State DC Zip Code 20003	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C C00399196</b>	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address **1701 JFK BLVD, 49TH FLOOR**

City State Zip Code  
**PHILADELPHIA PA 19103**

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 25 2014**  
**Transaction ID : C10328658**

Amount of Each Receipt this Period  
**2500.00**

B. Full Name (Last, First, Middle Initial)  
**COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)**

Mailing Address **100 INDIANA AVE., N. W.**

City State Zip Code  
**WASHINGTON DC 20001**

FEC ID number of contributing federal political committee. **C C00023580**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 29 2014**  
**Transaction ID : C10327686**

Amount of Each Receipt this Period  
**2500.00**

C. Full Name (Last, First, Middle Initial)  
**COMMUNICATION WORKERS OF AMERICA LOCAL 13000 PAC**

Mailing Address **2124 RACE STREET**

City State Zip Code  
**PHILADELPHIA PA 19103**

FEC ID number of contributing federal political committee. **C C00109595**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 24 2014**  
**Transaction ID : C10299958**

Amount of Each Receipt this Period  
**5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10000.00</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 66 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**COZEN O'CONNOR POLITICAL ACTION COMMITTEE**

Mailing Address 1900 MARKET STREET

City PHILADELPHIA    State PA    Zip Code 19103

FEC ID number of contributing federal political committee. **C C00312777**

Name of Employer    Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10344377**

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

**B.** Full Name (Last, First, Middle Initial)  
**COZEN O'CONNOR POLITICAL ACTION COMMITTEE**

Mailing Address 1900 MARKET STREET

City PHILADELPHIA    State PA    Zip Code 19103

FEC ID number of contributing federal political committee. **C C00312777**

Name of Employer    Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10348988**

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

**C.** Full Name (Last, First, Middle Initial)  
**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 1020 1st Ave

City King Of Prussia    State PA    Zip Code 19406-1310

FEC ID number of contributing federal political committee. **C C00422501**

Name of Employer    Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : C10137732**

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

2014 Primary Debt Retirement

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

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

\_\_\_\_\_ 2250.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : C10142923**

Amount of Each Receipt this Period  
5000.00

2014 Primary Debt Retirement

**B.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10344381**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
D.R.I.V.E. - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATION

Mailing Address 25 LOUISIANA AVE., NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00032979**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : C10301786**

Amount of Each Receipt this Period  
5000.00

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

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

12500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2014
A. Mailing Address 8400 WESTPARK DRIVE		Transaction ID : C10224290
City MCLEAN	State VA	
FEC ID number of contributing federal political committee. C C00040998		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	2014 Primary Debt Retirement
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2014
B. Mailing Address 8400 WESTPARK DRIVE		Transaction ID : C10299959
City MCLEAN	State VA	
FEC ID number of contributing federal political committee. C C00040998		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) <b>DEEP BLUE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2014
C. Mailing Address PO Box 754		Transaction ID : C10153732
City Media	State PA	
FEC ID number of contributing federal political committee. C C00455741		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Democratic Party of Cheltenham Township**

Mailing Address 344 Gribbel Rd

City Wyncote State PA Zip Code 19095

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : C10163257**

Amount of Each Receipt this Period  
500.00

Comprised of Permissible Funds; 2014 Primary Debt

**B.** Full Name (Last, First, Middle Initial)  
**DEMOCRATS UNITED TO CHANGE AND HOPE PAC (DUTCH PAC)**

Mailing Address 499 S. CAPITOL STREET, SW  
SUITE 422

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00448001

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : C10261922**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DEMOCRATS WIN SEATS (DWS PAC)**

Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

FEC ID number of contributing federal political committee. **C** C00425470

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10276774**

Amount of Each Receipt this Period  
2500.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 70 OF 142  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial)  
DISTRICT NO. 1-PCD, MARINE ENGINEERS' BENEFICIAL ASSOC. - POLITICAL ACTION FUND (MEBA-PAF)

**A.** Mailing Address 444 NORTH CAPITOL STREET, NW  
SUITE 800  
City State Zip Code  
WASHINGTON DC 20001

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

Transaction ID : C10327668

FEC ID number of contributing federal political committee. **C** C00279380

Amount of Each Receipt this Period  
2500.00

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**ELECTRICAL CONTRACTORS POLITICAL ACTION COMMITTEE**

Mailing Address 3 BETHESDA METRO CENTER  
SUITE 1100  
City State Zip Code  
BETHESDA MD 20814

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2014

Transaction ID : C10301417

FEC ID number of contributing federal political committee. **C** C00113811

Amount of Each Receipt this Period  
2500.00

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
7500.00

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

Mailing Address 400 W. 15TH ST.  
SUITE 720  
City State Zip Code  
AUSTIN TX 78701

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2014

Transaction ID : C10299964

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

Amount of Each Receipt this Period  
3000.00

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
3000.00

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

8000.00

**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 71 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST, NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : C10186672**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
ERIE INDEMNITY COMPANY PAC - FEDERAL

Mailing Address 100 ERIE INSURANCE PLACE

City ERIE State PA Zip Code 16530

FEC ID number of contributing federal political committee. **C** C00153577

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : C10224280**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : C10224282**

Amount of Each Receipt this Period  
2500.00

2014 Primary Debt Retirement

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

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

9500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C** C00095406

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : C10276760**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**FORD MOTOR COMPANY CIVIC ACTION FUND**

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : C10301803**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Friends of 66 A Ward**

Mailing Address 10222 E Keswick Rd

City Philadelphia State PA Zip Code 19114-1341

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : C10193695**

Amount of Each Receipt this Period  
 100.00

Permissible Funds Information Requested

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

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

3600.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Dan Clifford**

Mailing Address 1 Montgomery Plz  
425 Swede St

City Norristown State PA Zip Code 19401-4816

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2014

**Transaction ID : C10155896**

Amount of Each Receipt this Period  
250.00

Permissible Funds Information Requested

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Harry Citrino**

Mailing Address PO Box 52010

City Philadelphia State PA Zip Code 19115-3915

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2014

**Transaction ID : C10299951**

Amount of Each Receipt this Period  
500.00

Permissible Funds

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JIM CLYBURN**

Mailing Address POST OFFICE BOX 12567

City COLUMBIA State SC Zip Code 29211

FEC ID number of contributing federal political committee. **C** C00255562

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : C10327649**

Amount of Each Receipt this Period  
2000.00

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 74 OF 142  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Mark Levy**

Mailing Address **PO Box 176**

City **Norristown** State **PA** Zip Code **19404-0176**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2014**

**Transaction ID : C10186685**

Amount of Each Receipt this Period  
**250.00**

2014 Primary Debt Retirement/Permissible Funds Information Requested

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Steve McCarter**

Mailing Address **7918 Park Ave**

City **Elkins Park** State **PA** Zip Code **19027**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **85.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : C10295703**

Amount of Each Receipt this Period  
**85.00**

Permissible Funds

**C.** Full Name (Last, First, Middle Initial)  
**Friends of the 57th Ward**

Mailing Address **9217 Andover Rd**

City **Philadelphia** State **PA** Zip Code **19114-3818**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : C10193698**

Amount of Each Receipt this Period  
**100.00**

Permissible Funds Information Requested

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

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

**435.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A. Friends of the 63rd Ward Democratic**

Full Name (Last, First, Middle Initial)  
Mailing Address 1110 Gregg Street

City Philadelphia State PA Zip Code 19115

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **40.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : C10193699**

Amount of Each Receipt this Period  
 40.00

Permissible Funds Information Requested

**B. Friends of Todd Eisenberg**

Full Name (Last, First, Middle Initial)  
Mailing Address 1316 Gantt Dr

City Huntingdon Valley State PA Zip Code 19006

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C10294362**

Amount of Each Receipt this Period  
 150.00

Permissible Funds Information Requested

**C. Hanes For Register of Wills**

Full Name (Last, First, Middle Initial)  
Mailing Address 1606 Walnut St

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10334821**

Amount of Each Receipt this Period  
 250.00

Permissible Funds

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

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

440.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Hewlett Packard**

Mailing Address 3000 HANOVER STREET  
MS 1035

City PALO ALTO State CA Zip Code 94304

FEC ID number of contributing federal political committee. **C** C00196725

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : C10186675**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT**

Mailing Address 800 17th St NW  
Ste 1100

City Washington State DC Zip Code 20006-3962

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : C10137744**

Amount of Each Receipt this Period  
 1000.00

2014 Primary Debt Retirement

**C.** Full Name (Last, First, Middle Initial)  
**Horsham Democratic Committee**

Mailing Address PO Box 691

City Horsham State PA Zip Code 19044

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10155887**

Amount of Each Receipt this Period  
 1000.00

Permissible Funds Information Requested

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00140715**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10153775**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**HUMAN RIGHTS CAMPAIGN PAC**

Mailing Address 1640 RHODE ISLAND AVE NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00235853**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : C10327682**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENCE BLUE CROSS PAC (IBC PAC)**

Mailing Address 1901 MARKET STREET

City PHILADELPHIA State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : C10224231**

Amount of Each Receipt this Period  
2500.00

2014 Primary Debt Retirement

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

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

9500.00

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

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

FOR LINE NUMBER: PAGE 78 OF 142  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**INDEPENDENCE BLUE CROSS PAC (IBC PAC)**

Mailing Address 1901 MARKET STREET

City PHILADELPHIA State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : C10294311**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address 1615 L STREET, NW  
SUITE 900

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10299954**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

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

Mailing Address 753 STATE AVE.  
SUITE 565

City KANSAS CITY State KS Zip Code 66101

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2014

**Transaction ID : C10142935**

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

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

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

\_\_\_\_\_ 5500.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A. INTL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 620 F STREET, NW  
SUITE 900

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00003632**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10153782**

Amount of Each Receipt this Period  
5000.00

**B. IRISH AMERICAN DEMOCRATS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15638

City Chevy Chase State MD Zip Code 20825-5638

FEC ID number of contributing federal political committee. **C C00320432**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : C10137722**

Amount of Each Receipt this Period  
500.00

**C. JOBS AND INNOVATION MATTER PAC (JIM PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 15320

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00494112**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10344374**

Amount of Each Receipt this Period  
500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A. Full Name (Last, First, Middle Initial)**  
**Keystone Fund**

Mailing Address 607 14th St., NW Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00381681**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10153755**

Amount of Each Receipt this Period  
1000.00

**B. Full Name (Last, First, Middle Initial)**  
**Larson for Congress**

Mailing Address PO BOX 261172

City HARTFORD State CT Zip Code 06126

FEC ID number of contributing federal political committee. **C C00330142**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : C10224296**

Amount of Each Receipt this Period  
1000.00

Permissible Funds

**C. Full Name (Last, First, Middle Initial)**  
**Larson for Congress**

Mailing Address PO BOX 261172

City HARTFORD State CT Zip Code 06126

FEC ID number of contributing federal political committee. **C C00330142**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : C10294314**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**LEADERSHIP OF TODAY AND TOMORROW**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C C00299149**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C10276779**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**LEADERSHIP OF TODAY AND TOMORROW**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C C00299149**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : C10301421**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**LEVIN FOR CONGRESS**

Mailing Address PO BOX 37

City ROSEVILLE State MI Zip Code 48066

FEC ID number of contributing federal political committee. **C C00156612**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10331975**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**MICHIGAN'S FUTURE PAC**

Mailing Address **PO Box 402**

City **Flint** State **MI** Zip Code **48501-0402**

FEC ID number of contributing federal political committee. **C C00502096**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : C10301799**

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

**B.** Full Name (Last, First, Middle Initial)  
**MIKE THOMPSON FOR CONGRESS**

Mailing Address **5429 MADISON AVENUE**

City **SACRAMENTO** State **CA** Zip Code **95841**

FEC ID number of contributing federal political committee. **C C00326363**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 24 / 2014**

**Transaction ID : C10153771**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2000.00**

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

Mailing Address **430 NORTH MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60611**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : C10224286**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**

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

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

\_\_\_\_\_

\_\_\_\_\_

**8000.00**

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

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

FOR LINE NUMBER: PAGE 83 OF 142  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS POLITICAL ACTION COMMITTEE (NSPE-PAC)

Mailing Address 1420 KING STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00090415

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 18 2014

**Transaction ID : C10233206**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1750 H STREET, NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00107128

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 24 2014

**Transaction ID : C10299963**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16TH STREET NW STE 418

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 30 2014

**Transaction ID : C10344440**

Amount of Each Receipt this Period  
5000.00

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 84 OF 142  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1320 MAIN STREET, 17TH FLOOR

City State Zip Code  
COLUMBIA SC 29201

FEC ID number of contributing federal political committee. **C** C00278895

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : C10137738**

Amount of Each Receipt this Period  
1000.00

2014 Primary Debt Retirement

**B.** Full Name (Last, First, Middle Initial)  
**PAC TO THE FUTURE**

Mailing Address 700 13th St NW  
Ste 600

City State Zip Code  
Washington DC 20005-5998

FEC ID number of contributing federal political committee. **C** C00344234

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : C10137745**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740-3176

FEC ID number of contributing federal political committee. **C** C00226928

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : C10251029**

Amount of Each Receipt this Period  
2000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 85 OF 142  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE  
# 221

City State Zip Code  
ALBANY NY 12206

FEC ID number of contributing federal political committee. **C** C00450049

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2014

**Transaction ID : C10276784**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2011 Route 212

City State Zip Code  
Coopersburg PA 18036

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2014

**Transaction ID : C10276969**

Amount of Each Receipt this Period  
500.00

Permissible Funds Information Requested

**C.** Full Name (Last, First, Middle Initial)  
**PENNSYLVANIA FOODPAC (PA FOOD MERCHANTS ASSN/PA CONVENIENCE STORE COUNCIL)**

Mailing Address 1029 MUMMA RD

City State Zip Code  
WORMLEYSBURG PA 17043

FEC ID number of contributing federal political committee. **C** C00345660

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2014

**Transaction ID : C10251083**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Pennsylvanians for Representative Cohen**

Mailing Address 105 Cliffwood Rd

City Philadelphia State PA Zip Code 19115-2714

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10155892**

Amount of Each Receipt this Period  
250.00

Permissible Funds Information Requested

**B.** Full Name (Last, First, Middle Initial)  
**Pennsylvanians for Representative Cohen**

Mailing Address 105 Cliffwood Rd

City Philadelphia State PA Zip Code 19115-2714

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2014

**Transaction ID : C10186711**

Amount of Each Receipt this Period  
200.00

2014 Primary Debt Retirement Permissible Funds

**C.** Full Name (Last, First, Middle Initial)  
**PH&S FEDERAL PAC**

Mailing Address 3000 TWO LOGAN SQUARE  
18TH & ARCH STREETS

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00279927

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : C10193688**

Amount of Each Receipt this Period  
3000.00

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

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

Mailing Address 12800 TOWNSEND ROAD

City State Zip Code  
PHILADELPHIA PA 19154

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2014

**Transaction ID : C10299948**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**PPL People for Good Government**

Mailing Address TWO NORTH NINTH STREET  
GENTW2

City State Zip Code  
ALLENTOWN PA 18101

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2014

**Transaction ID : C10186706**

Amount of Each Receipt this Period  
1000.00

2014 Primary Debt Retirement

**C.** Full Name (Last, First, Middle Initial)  
**SEAFARERS POLITICAL ACTIVITY DONATION - SEAFARERS INTERNATIONAL UNION OF NA-AGLIWD/NMU**

Mailing Address 5201 Auth Way

City State Zip Code  
Camp Springs MD 20746-4211

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : C10327676**

Amount of Each Receipt this Period  
2500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial)  
**SHEET METAL AND AIR CONDITIONING CONTRACTORS POLITICAL ACTION COMMITTEE**

Mailing Address **4201 LAFAYETTE CENTER DRIVE**

City State Zip Code  
**CHANTILLY VA 20151**

FEC ID number of contributing federal political committee. **C C00013961**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 11 2014**

**Transaction ID : C10142964**

Amount of Each Receipt this Period  
**2000.00**

2014 Primary Debt Retirement

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

Mailing Address **P.O. BOX 3157**

City State Zip Code  
**LONG BRANCH NJ 07740**

FEC ID number of contributing federal political committee. **C C00410308**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 24 2014**

**Transaction ID : C10299956**

Amount of Each Receipt this Period  
**2500.00**

Full Name (Last, First, Middle Initial)  
**T and M Associates PAC**

Mailing Address **11 Tindall Road**

City State Zip Code  
**Middletown NJ 07748**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2014**

**Transaction ID : C10334836**

Amount of Each Receipt this Period  
**500.00**

Refunded 10/14/14

**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 89 OF 142  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**T and M Associates PAC**

Mailing Address 11 Tindall Road

City Middletown State NJ Zip Code 07748

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10334841**

Amount of Each Receipt this Period  
250.00

Refunded 10/14/14

**B.** Full Name (Last, First, Middle Initial)  
**TEVA PHARMACEUTICALS USA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 25 MASSACHUSETTS AVENUE, NW  
SUITE 440

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00434811

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10299947**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**THE BOEING COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10344369**

Amount of Each Receipt this Period  
5000.00

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

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

7750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE

Mailing Address 701 Pennsylvania Ave NW  
Ste 750

City Washington State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10301410**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)

Mailing Address 815 16th St NW  
Fl 4

City Washington State DC Zip Code 20006-4101

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : C10301419**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City DETROIT State MI Zip Code 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : C10153762**

Amount of Each Receipt this Period  
5000.00

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

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

10500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Mailing Address **8000 EAST JEFFERSON**

City	State	Zip Code
DETROIT	MI	48214

FEC ID number of contributing federal political committee. **C C00002840**

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10000.00
---	--

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		12		2014

**Transaction ID : C10193690**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

2014 Primary Debt Retirement

B. Full Name (Last, First, Middle Initial)  
**UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB**

Mailing Address **1775 K STREET N.W.**

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing federal political committee. **C C00002766**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 6000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2014

**Transaction ID : C10328648**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

C. Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)**

Mailing Address **1300 I ST NW, STE 400 WEST  
ATTN: TAYLOR CRAIG**

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2014

**Transaction ID : C10344371**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3000.00

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

\_\_\_\_\_ 10500.00

**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 92 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**WAWA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address **C/O ELKO & ASSOCIATES, LTD**  
**2 W. BALTIMORE AVENUE, SUITE 210**

City **MEDIA** State **PA** Zip Code **19063**

FEC ID number of contributing federal political committee. **C C00148510**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : C10251075**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**WESTINGHOUSE ELECTRIC COMPANY LLC PAC**

Mailing Address **900 19TH STREET, NW**  
**SUITE 350**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00346361**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : C10328370**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE**

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: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 06 / 2014**

**Transaction ID : C10169513**

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

**[MEMO ITEM]**  
\* Request for redesignation to Primary Debt

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 142
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		06		2014

**Transaction ID : C10169514**

Amount of Each Receipt this Period  

2000.00
---------

**[MEMO ITEM]**  
\* Redesignation to 2014 Primary Debt Reduction

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION**

Mailing Address **1300 L STREET NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00010322**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		31		2014

**Transaction ID : C10199058**

Amount of Each Receipt this Period  

-1000.00
----------

**[MEMO ITEM]**  
\* To redesignate 6/30/14 contribution

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION**

Mailing Address **1300 L STREET NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00010322**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		31		2014

**Transaction ID : C10199060**

Amount of Each Receipt this Period  

1000.00
---------

**[MEMO ITEM]**  
\* To redesignate 6/30/14 contribution for Primary Debt Retirement

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION PAC**

Mailing Address 15 Riverside Pkwy  
Ste 100

City Fredericksburg State VA Zip Code 22406-1077

FEC ID number of contributing federal political committee. **C** C00281717

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : C10199082**

Amount of Each Receipt this Period  
-500.00

**[MEMO ITEM]**  
\* To redesignate 6/23/14 contribution to Primary Debt Retirement

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION PAC**

Mailing Address 15 Riverside Pkwy  
Ste 100

City Fredericksburg State VA Zip Code 22406-1077

FEC ID number of contributing federal political committee. **C** C00281717

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : C10199493**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\* To redesignate 6/23/14 contribution to Primary Debt Retirement

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

207625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 142
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Brendan Boyle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 11545		Transaction ID : C10365366
City Philadelphia	State PA Zip Code 19116	
FEC ID number of contributing federal political committee. C H4PA13199		Amount of Each Receipt this Period 1339.62
Name of Employer PA House of Reps	Occupation Representative	* In-Kind: Mileage
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 132733.35	

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1339.62
<b>TOTAL</b> This Period (last page this line number only).....	1339.62

**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 96 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 0.99 <b>Transaction ID : D484437</b>
City Cambridge	State MA	Zip Code 02238-2110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 1.98 <b>Transaction ID : D486252</b>
City Cambridge	State MA	Zip Code 02238-2110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 0.99 <b>Transaction ID : D487712</b>
City Cambridge	State MA	Zip Code 02238-2110	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.96
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.98 <b>Transaction ID : D488848</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.99 <b>Transaction ID : D490191</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 14.24 <b>Transaction ID : D493638</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17.24
<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 98 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 13.84 <b>Transaction ID : D493639</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 499 S Capitol St SW Ste 422		Amount of Each Disbursement this Period 4838.63 <b>Transaction ID : D489337</b>
City Washington	State DC	
Zip Code 20003-4028	Purpose of Disbursement Fundraising Consulting Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Rep Brendan Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address PO Box 11545		Amount of Each Disbursement this Period 353.04 <b>Transaction ID : D489250</b>
City Philadelphia	State PA	
Zip Code 19116	Purpose of Disbursement Event Expense Reimbursement	Category/ Type
Candidate Name <b>Rep Brendan Boyle</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5205.51
<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 99 OF 142			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Rep Brendan Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address PO Box 11545		Amount of Each Disbursement this Period 393.04 <b>Transaction ID : D489251</b>
City Philadelphia	State PA Zip Code 19116	
Purpose of Disbursement Event Expense Reimbursement		Category/ Type
Candidate Name <b>Rep Brendan Boyle</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 13		

Full Name (Last, First, Middle Initial) <b>B. Rep Brendan Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 11545		Amount of Each Disbursement this Period 1339.62 <b>Transaction ID : D497053</b>
City Philadelphia	State PA Zip Code 19116	
Purpose of Disbursement Mileage		Category/ Type
Candidate Name <b>Rep Brendan Boyle</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: PA District: 13		

Full Name (Last, First, Middle Initial) <b>c. Brulee Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address Attention: Sheralda Davis Mosley Independence Visitor Center		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D489338</b>
City Philadelphia	State PA Zip Code 19106	
Purpose of Disbursement Catering		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2732.66
<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 100 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Decision Communications LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014		
Mailing Address 10 Canal Street, Suite 228			Amount of Each Disbursement this Period 1800.00		
City Bristol	State PA	Zip Code 19007	Transaction ID : <b>D482978</b>		
Purpose of Disbursement Automated Phone Calls		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Democratic Committee of District 154</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014		
Mailing Address 101 Greenwood Ave			Amount of Each Disbursement this Period 750.00		
City Jenkintown	State PA	Zip Code 19046	Transaction ID : <b>D484812</b>		
Purpose of Disbursement Office Rent		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Democratic Committee of District 154</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014		
Mailing Address 101 Greenwood Ave			Amount of Each Disbursement this Period 150.00		
City Jenkintown	State PA	Zip Code 19046	Transaction ID : <b>D490599</b>		
Purpose of Disbursement Office Expenses		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2014

Amount of Each Disbursement this Period: 107.27

Transaction ID : D489252

**B. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 82.42

Transaction ID : D489253

**C. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 03 / 2014

Amount of Each Disbursement this Period: 56.58

Transaction ID : D496579

**SUBTOTAL** of Disbursements This Page (optional) ..... 246.27

**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 102 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Carly Frame</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 119 Christine Dr		Amount of Each Disbursement this Period 2014 102.27
City Downingtown	State PA	
Zip Code 19335-1516	Purpose of Disbursement Mileage	<b>Transaction ID : D497055</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patricia Hennessy</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 89 Lynne Cir		Amount of Each Disbursement this Period 2014 2449.80
City Paoli	State PA	
Zip Code 19301-1026	Purpose of Disbursement Event Room Rental and Food	<b>Transaction ID : D497050</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 2014 279.68
City Sewell	State NJ	
Zip Code 08080-3005	Purpose of Disbursement Mileage	<b>Transaction ID : D497051</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2831.75
<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 103 OF 142			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 69.01 <b>Transaction ID : D497052</b>
City Sewell	State NJ	
Zip Code 08080-3005	Purpose of Disbursement Tolls	* In-Kind Received
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nicholas Himebaugh</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 220 Stallion Ln		Amount of Each Disbursement this Period 51.98 <b>Transaction ID : D497057</b>
City Schwenksville	State PA	
Zip Code 19473-1855	Purpose of Disbursement Mileage	* In-Kind Received
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Independence Visitor Center Corp</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address One North Independence Mall West 6th & Market Streets		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : D496581</b>
City Philadelphia	State PA	
Zip Code 19106	Purpose of Disbursement Catering	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	320.99
<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 104 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Independence Visitor Center Corp</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address One North Independence Mall West 6th & Market Streets		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : D489340</b>
City Philadelphia	State PA Zip Code 19106	
Purpose of Disbursement Event Space Rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jaci Downs Photography</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 87 Walnut St		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : D482982</b>
City Conshohocken	State PA Zip Code 19428-1955	
Purpose of Disbursement Event Photography Services; 2014 Primary Debt payment		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. John Linnie Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 19 Frelinghuysen Ave		Amount of Each Disbursement this Period 2285.00 <b>Transaction ID : D482443</b>
City Raritan	State NJ Zip Code 08869-1920	
Purpose of Disbursement Printing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2860.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. John Linnie Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 19 Frelinghuysen Ave		Amount of Each Disbursement this Period 2375.00
City Raritan	State NJ	
Zip Code 08869-1920	Purpose of Disbursement Printing	Transaction ID : D489244
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kennedy Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 926 N St NW Studio R7		Amount of Each Disbursement this Period 10637.00
City Washington	State DC	
Zip Code 20001-4485	Purpose of Disbursement Design & Printing Services - 2014 Primary Debt	Transaction ID : D484792
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kennedy Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2014
Mailing Address 926 N St NW Studio R7		Amount of Each Disbursement this Period 13650.00
City Washington	State DC	
Zip Code 20001-4485	Purpose of Disbursement Design & Printing Services - 2014 Primary Debt	Transaction ID : D488487
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26662.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Betsy Kilkenny</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 715 Washington Ln		Amount of Each Disbursement this Period 516.63 <b>Transaction ID : D497054</b>
City Jenkintown	State PA	
Zip Code 19046-2953	Purpose of Disbursement Event Food and Beverages	* In-Kind Received
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Liberty Building Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 13050 Bustleton Ave		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : D489339</b>
City Philadelphia	State PA	
Zip Code 19116-1631	Purpose of Disbursement Office Rent	* In-Kind Received
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Liberty Building Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 13050 Bustleton Ave		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : D487152</b>
City Philadelphia	State PA	
Zip Code 19116-1631	Purpose of Disbursement Office Rent	* In-Kind Received
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2316.63
<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 107 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Liberty Building Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 13050 Bustleton Ave		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : D483218</b>
City Philadelphia	State PA Zip Code 19116-1631	
Purpose of Disbursement Office Rent	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michele Lockman</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 117 Chesney Ln		Amount of Each Disbursement this Period 2185.77 <b>Transaction ID : D496534</b>
City Glenside	State PA Zip Code 19038-7803	
Purpose of Disbursement Event Food and Beverages	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	* In-Kind Received	

Full Name (Last, First, Middle Initial) <b>C. NGP VAN Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1101 15th St. NW		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : D487154</b>
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Software Licensing Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5185.77
<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 108 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. O'Brien Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2014
Mailing Address 324 Dorrance St		Amount of Each Disbursement this Period 112.36
City Bristol	State PA	
Zip Code 19007	Purpose of Disbursement Printing	Transaction ID : D488492
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. O'Brien Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 324 Dorrance St		Amount of Each Disbursement this Period 1446.90
City Bristol	State PA	
Zip Code 19007	Purpose of Disbursement Printing	Transaction ID : D488304
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 780.54
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll Taxes	Transaction ID : D489119
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2339.80
<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 109 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 949.73 <b>Transaction ID : D489120</b>
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll Processing Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 803.43 <b>Transaction ID : D487134</b>
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 73.15 <b>Transaction ID : D487135</b>
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll Processing Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	949.73
<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 110 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 804.94 <b>Transaction ID : D487143</b>
City Rochester State NY Zip Code 14625-2311	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 81.65 <b>Transaction ID : D487145</b>
City Rochester State NY Zip Code 14625-2311	Purpose of Disbursement Payroll Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 73.15 <b>Transaction ID : D483213</b>
City Rochester State NY Zip Code 14625-2311	Purpose of Disbursement Payroll Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	959.74
<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 111 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 804.93 <b>Transaction ID : D483214</b>
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 762.14 <b>Transaction ID : D491014</b>
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 73.15 <b>Transaction ID : D491015</b>
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1640.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 798.92 <b>Transaction ID : D489139</b>
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 73.15 <b>Transaction ID : D489140</b>
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Political Compliance Management Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1050 17th St NW Ste 590		Amount of Each Disbursement this Period 1544.82 <b>Transaction ID : D497193</b>
City Washington	State DC Zip Code 20036-5592	
Purpose of Disbursement Accounting Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2416.89
<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 113 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A. Political Compliance Management Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 17th St NW Ste 590  
City Washington State DC Zip Code 20036-5592  
Purpose of Disbursement Accounting Services - 2014 Primary Debt  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)  
State: District:

Date of Disbursement: 07 / 08 / 2014  
Amount of Each Disbursement this Period: 1590.27  
Transaction ID : D482988

**B. Political Compliance Management Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 17th St NW Ste 590  
City Washington State DC Zip Code 20036-5592  
Purpose of Disbursement Accounting Services  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)  
State: District:

Date of Disbursement: 08 / 06 / 2014  
Amount of Each Disbursement this Period: 1500.00  
Transaction ID : D487153

**C. Snyder Pickerill Media Group, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 230 W Huron St  
City Chicago State IL Zip Code 60654-3981  
Purpose of Disbursement Media Production Services - 2014 Primary Debt  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)  
State: District:

Date of Disbursement: 07 / 21 / 2014  
Amount of Each Disbursement this Period: 12005.92  
Transaction ID : D484795

**SUBTOTAL** of Disbursements This Page (optional) ..... 15096.19

**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 114 OF 142			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 3000 Chestnut St		Amount of Each Disbursement this Period 58.00 <b>Transaction ID : D490600</b>
City Philadelphia State PA Zip Code 19104-5003	Purpose of Disbursement Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 3000 Chestnut St		Amount of Each Disbursement this Period 490.00 <b>Transaction ID : D490877</b>
City Philadelphia State PA Zip Code 19104-5003	Purpose of Disbursement Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 45.04 <b>Transaction ID : D489254</b>
City Portland State OR Zip Code 97228-6995	Purpose of Disbursement Banking Service Charge	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	593.04
<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 115 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City Portland	State OR	
Zip Code 97228-6995	Purpose of Disbursement Banking Service Charge	Transaction ID : D496582
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adam Erickson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 54 Hassart St Apt B2		Amount of Each Disbursement this Period 7270.62
City New Brunswick	State NJ	
Zip Code 08901-2557	Purpose of Disbursement Reimbursement- 2014 Primary debt payment	Transaction ID : D482439
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Abington Art Center</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 515 Meetinghouse Road		Amount of Each Disbursement this Period 400.00
City Jenkintown	State PA	
Zip Code 19046	Purpose of Disbursement Event Space	Transaction ID : D485321
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7273.62
<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 116 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 9940 Roosevelt Blvd		Amount of Each Disbursement this Period 293.72
City Philadelphia	State PA Zip Code 19115	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : <b>D485317</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. COSI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 700 11th St NW		Amount of Each Disbursement this Period 225.12
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : <b>D491498</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. Logan Public House</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 2 Logan Square		Amount of Each Disbursement this Period 680.40
City Philadelphia	State PA Zip Code 19103	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : <b>D485332</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1101 15th St. NW		Amount of Each Disbursement this Period 2875.46
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Automated Phone Calls	Transaction ID : D485315
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OfficeMax</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 300 York Road		Amount of Each Disbursement this Period 658.19
City Willow Grove	State PA	
Zip Code 19090	Purpose of Disbursement Office Supplies	Transaction ID : D485316
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Pyramid Club</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1735 Market Street		Amount of Each Disbursement this Period 988.00
City Philadelphia	State PA	
Zip Code 19103	Purpose of Disbursement Catering	Transaction ID : D485318
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. The Radnor Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 591 East Lancaster Avenue		Amount of Each Disbursement this Period 537.30
City Wayne	State PA	
Zip Code 19087	Purpose of Disbursement Catering & Event Space	Transaction ID : D485336
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Virgin Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 10 Independence Blvd		Amount of Each Disbursement this Period 131.20
City Warren	State NJ	
Zip Code 07059-2730	Purpose of Disbursement Telephone Services	Transaction ID : D491499
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 3059.42
City Sewell	State NJ	
Zip Code 08080-3005	Purpose of Disbursement Reimbursement, see below; 2014 Primary Debt payment	Transaction ID : D482441
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3059.42
<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 119 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1939 Easton Road		Amount of Each Disbursement this Period 166.50
City Willow Grove	State PA Zip Code 19090	
Purpose of Disbursement Telephone Services	Candidate Name	Transaction ID : D485230
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 9940 Roosevelt Blvd		Amount of Each Disbursement this Period 593.74
City Philadelphia	State PA Zip Code 19115	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D485218
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. NGP VAN Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1101 15th St. NW		Amount of Each Disbursement this Period 78.49
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Automated Phone Calls	Candidate Name	Transaction ID : D485241
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. OfficeMax</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 300 York Road		Amount of Each Disbursement this Period 258.21
City Willow Grove	State PA Zip Code 19090	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D485229
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Philly Soft Pretzel Factory</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 499 Horsham Rd		Amount of Each Disbursement this Period 56.00
City Horsham	State PA Zip Code 19044-2066	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : D485227
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Shop Rite Supermarket</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 11000 Roosevelt Boulevard		Amount of Each Disbursement this Period 218.92
City Philadelphia	State PA Zip Code 19116	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : D485219
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 93 E Street Rd

City Feasterville Trevose State PA Zip Code 19053-6047

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 07 / 07 / 2014

Amount of Each Disbursement this Period 270.00

Transaction ID : D485223

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 3000 Chestnut St

City Philadelphia State PA Zip Code 19104-5003

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 07 / 07 / 2014

Amount of Each Disbursement this Period 148.68

Transaction ID : D485226

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**c. Virgin Mobile**

Mailing Address 10 Independence Blvd

City Warren State NJ Zip Code 07059-2730

Purpose of Disbursement Telephone Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 07 / 07 / 2014

Amount of Each Disbursement this Period 465.40

Transaction ID : D485225

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 9745 Roosevelt Blvd Ste A		Amount of Each Disbursement this Period 112.23
City Philadelphia	State PA Zip Code 19114-1010	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D485253
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 1749.70
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : D483215
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Carly Frame</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 119 Christine Dr		Amount of Each Disbursement this Period 730.15
City Downingtown	State PA Zip Code 19335-1516	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : D483216
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1749.70
<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 123 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 1019.55
City Sewell	State NJ	
Zip Code 08080-3005	Purpose of Disbursement Payroll	Transaction ID : D483217
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rep Brendan Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO Box 11545		Amount of Each Disbursement this Period 17891.07
City Philadelphia	State PA	
Zip Code 19116	Purpose of Disbursement Reimbursement, see below - Primary Debt	Transaction ID : D484778
Candidate Name <b>Rep Brendan Boyle</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 13		

Full Name (Last, First, Middle Initial) <b>c. Kennedy Printing Company Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 5534 Baltimore Ave		Amount of Each Disbursement this Period 16000.00
City Philadelphia	State PA	
Zip Code 19143-3106	Purpose of Disbursement Printing	Transaction ID : D484786
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17891.07
<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 124 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 3000 Chestnut St		Amount of Each Disbursement this Period 1715.00
City Philadelphia	State PA Zip Code 19104-5003	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : D484783
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 1749.70
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : D487133
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Carly Frame</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 119 Christine Dr		Amount of Each Disbursement this Period 730.15
City Downingtown	State PA Zip Code 19335-1516	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : D487136
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1749.70
<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 125 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 1019.55
City Sewell	State NJ	
Zip Code 08080-3005	Purpose of Disbursement Payroll	Transaction ID : D487137
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 1749.69
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll	Transaction ID : D487140
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carly Frame</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 119 Christine Dr		Amount of Each Disbursement this Period 730.15
City Downingtown	State PA	
Zip Code 19335-1516	Purpose of Disbursement Payroll	Transaction ID : D487147
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1749.69
<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 126 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 1019.54
City Sewell	State NJ	
Zip Code 08080-3005	Purpose of Disbursement Payroll	Transaction ID : D487148
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 1261.20
City Sewell	State NJ	
Zip Code 08080-3005	Purpose of Disbursement Reimbursement	Transaction ID : D487157
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1939 Easton Road		Amount of Each Disbursement this Period 41.73
City Willow Grove	State PA	
Zip Code 19090	Purpose of Disbursement Telephone Services	Transaction ID : D487173
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1261.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 9940 Roosevelt Blvd		Amount of Each Disbursement this Period 64.19
City Philadelphia	State PA Zip Code 19115	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D487163
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. OfficeMax</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 300 York Road		Amount of Each Disbursement this Period 231.14
City Willow Grove	State PA Zip Code 19090	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D487162
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Philly Soft Pretzel Factory</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 499 Horsham Rd		Amount of Each Disbursement this Period 61.00
City Horsham	State PA Zip Code 19044-2066	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : D487165
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A. Shop Rite Supermarket**

Full Name (Last, First, Middle Initial)  
Mailing Address 11000 Roosevelt Boulevard

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 61.34

Transaction ID : D487158

[MEMO ITEM]

**B. United States Postal Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 3000 Chestnut St

City Philadelphia State PA Zip Code 19104-5003

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 97.95

Transaction ID : D487160

[MEMO ITEM]

**C. Walmart**

Full Name (Last, First, Middle Initial)  
Mailing Address 9745 Roosevelt Blvd Ste A

City Philadelphia State PA Zip Code 19114-1010

Purpose of Disbursement Event Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 85.62

Transaction ID : D487164

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Whole Foods</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 2001 Pennsylvania Ave		Amount of Each Disbursement this Period 309.56
City Philadelphia	State PA Zip Code 19130-3823	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : D487172
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Rep Brendan Boyle</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address PO Box 11545		Amount of Each Disbursement this Period 373.03
City Philadelphia	State PA Zip Code 19116	
Purpose of Disbursement Travel and Meals Reimbursement	Candidate Name <b>Rep Brendan Boyle</b>	Transaction ID : D488293
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: PA District: 13	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Spasso Italian Restaurant</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 34 S Front St		Amount of Each Disbursement this Period 160.27
City Philadelphia	State PA Zip Code 19106-3019	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : D488299
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	373.03
<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 130 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 1749.69
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll	Transaction ID : D489118
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carly Frame</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 119 Christine Dr		Amount of Each Disbursement this Period 730.15
City Downingtown	State PA	
Zip Code 19335-1516	Purpose of Disbursement Payroll	Transaction ID : D489121
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Scott H Heppard</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 1019.54
City Sewell	State NJ	
Zip Code 08080-3005	Purpose of Disbursement Payroll	Transaction ID : D489122
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1749.69
<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 131 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 1749.71
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : D489138</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carly Frame</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 119 Christine Dr		Amount of Each Disbursement this Period 730.15
City Downingtown	State PA Zip Code 19335-1516	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : D489142</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Scott H Heppard</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 1019.56
City Sewell	State NJ Zip Code 08080-3005	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : D489143</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1749.71
<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 132 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 1749.70
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : D491013</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carly Frame</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 119 Christine Dr		Amount of Each Disbursement this Period 730.15
City Downingtown	State PA Zip Code 19335-1516	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : D491017</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Scott H Heppard</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 225 Loring Ct		Amount of Each Disbursement this Period 1019.55
City Sewell	State NJ Zip Code 08080-3005	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : D491016</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1749.70
<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 133 OF 142	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Mr. Scott H Heppard</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 225 Loring Ct			Amount of Each Disbursement this Period 2412.19	
City Sewell	State NJ	Zip Code 08080-3005	Transaction ID : <b>D491039</b>	
Purpose of Disbursement Reimbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 1516 Second Ave			Amount of Each Disbursement this Period 255.37	
City Seattle	State WA	Zip Code 98101	Transaction ID : <b>D491169</b>	
Purpose of Disbursement Office Supplies		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 1939 Easton Road			Amount of Each Disbursement this Period 53.50	
City Willow Grove	State PA	Zip Code 19090	Transaction ID : <b>D491163</b>	
Purpose of Disbursement Telephone Services		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2412.19
<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 134 OF 142			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. OfficeMax</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 300 York Road		Amount of Each Disbursement this Period 93.57
City Willow Grove	State PA Zip Code 19090	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D491045
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Philly Soft Pretzel Factory</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 499 Horsham Rd		Amount of Each Disbursement this Period 102.00
City Horsham	State PA Zip Code 19044-2066	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : D491040
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Shop Rite Supermarket</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 11000 Roosevelt Boulevard		Amount of Each Disbursement this Period 284.54
City Philadelphia	State PA Zip Code 19116	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : D491043
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 142			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 93 E Street Rd

City Feasterville Trevose State PA Zip Code 19053-6047

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 09 / 12 / 2014

Amount of Each Disbursement this Period 60.40

Transaction ID : D491140

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. United States Postal Service**

Mailing Address 3000 Chestnut St

City Philadelphia State PA Zip Code 19104-5003

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 09 / 12 / 2014

Amount of Each Disbursement this Period 124.79

Transaction ID : D491041

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Westy's Irish Pub**

Mailing Address 101 E Walnut Ave

City Wildwood State NJ Zip Code 08260

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 09 / 12 / 2014

Amount of Each Disbursement this Period 1200.00

Transaction ID : D491156

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**TOTAL** This Period (last page this line number only)..... 117847.08

**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 136 OF 142	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Rep Brendan Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address PO Box 11545		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : D490856</b>
City Philadelphia State PA Zip Code 19116	Purpose of Disbursement Partial Primary Loan Repayment	
Candidate Name <b>Rep Brendan Boyle</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 13		

Full Name (Last, First, Middle Initial) <b>B. Rep Brendan Boyle</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address PO Box 11545		Amount of Each Disbursement this Period 20000.00 <b>Transaction ID : D487078</b>
City Philadelphia State PA Zip Code 19116	Purpose of Disbursement Partial Primary Loan Repayment	
Candidate Name <b>Rep Brendan Boyle</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 13		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	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).....	30000.00
<b>TOTAL</b> This Period (last page this line number only).....	30000.00



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Citizens for Boyle

Transaction ID : L927

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep Brendan Boyle

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 11545

City State ZIP Code  
Philadelphia PA 19116

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
40000.00 30000.00 10000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 05 / D 07 / Y 2014 M M / D D / No Due Date 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 10000.00

**TOTALS** This Period (last page in this line only).....

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Transaction ID : **L929**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Rep Brendan Boyle**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 11545

City State ZIP Code  
Philadelphia PA 19116

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

**TERMS**

Date Incurred: M 05 / D 19 / Y 2014  
 Date Due: M / D / No Due Date  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. 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).....	▶	30000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	40000.00

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

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Rep Brendan Boyle</b>	Nature of Debt (Purpose): Reimbursement, Printing/Postage - 2014 Primary Debt
Mailing Address PO Box 11545	
City State Zip Code Philadelphia PA 19116	

Outstanding Balance Beginning This Period 17891.07	<b>Transaction ID : D482996</b>	
Amount Incurred This Period 0.00	Payment This Period 17891.07	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Decision Communications LLC</b>	Nature of Debt (Purpose): Automated Phone Calls - 2014 Primary Debt
Mailing Address 10 Canal Street, Suite 228	
City State Zip Code Bristol PA 19007	

Outstanding Balance Beginning This Period 1800.00	<b>Transaction ID : D482977</b>	
Amount Incurred This Period 0.00	Payment This Period 1800.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Adam Erickson</b>	Nature of Debt (Purpose): Automated Phone Calls, Event Food, Supplies - 2014 Primary Debt
Mailing Address 54 Hassart St Apt B2	
City State Zip Code New Brunswick NJ 08901-2557	

Outstanding Balance Beginning This Period 7270.62	<b>Transaction ID : D482438</b>	
Amount Incurred This Period 0.00	Payment This Period 7270.62	Outstanding Balance at Close of This Period 0.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mr. Scott H Heppard**

Nature of Debt (Purpose):  
Telephones, Event Food, Supplies - 2014 Primary Debt

Mailing Address 225 Loring Ct

City State Zip Code  
Sewell NJ 08080-3005

Outstanding Balance Beginning This Period  
3059.42

**Transaction ID : D482440**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 3059.42 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Jaci Downs Photography**

Nature of Debt (Purpose):  
Event Photography Services - Primary Debt

Mailing Address 87 Walnut St

City State Zip Code  
Conshohocken PA 19428-1955

Outstanding Balance Beginning This Period  
375.00

**Transaction ID : D482981**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 375.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**John Linnie Enterprises**

Nature of Debt (Purpose):  
Printing, 2014 Primary Debt

Mailing Address 19 Frelinghuysen Ave

City State Zip Code  
Raritan NJ 08869-1920

Outstanding Balance Beginning This Period  
2285.00

**Transaction ID : D482442**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 2285.00 0.00

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

0.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kennedy Communications</b>		Nature of Debt (Purpose): Design & Printing Services - 2014 Primary Debt
Mailing Address 926 N St NW Studio R7		
City State	Zip Code	
Washington DC	20001-4485	

Outstanding Balance Beginning This Period	<b>Transaction ID : D483005</b>	
<input type="text" value="35451.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="24287.00"/>	<input type="text" value="11164.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Political Compliance Management Services</b>		Nature of Debt (Purpose): Accounting Services 2014 Primary Debt
Mailing Address 1050 17th St NW Ste 590		
City State	Zip Code	
Washington DC	20036-5592	

Outstanding Balance Beginning This Period	<b>Transaction ID : D482984</b>	
<input type="text" value="1590.27"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1590.27"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Political Compliance Management Services</b>		Nature of Debt (Purpose): Accounting Services - General Election
Mailing Address 1050 17th St NW Ste 590		
City State	Zip Code	
Washington DC	20036-5592	

Outstanding Balance Beginning This Period	<b>Transaction ID : D482992</b>	
<input type="text" value="1544.82"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1544.82"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="11164.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Citizens for Boyle**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Snyder Pickerill Media Group, LLC</b>		Nature of Debt (Purpose): Media Production Services - 2014 Primary Debt
Mailing Address 230 W Huron St		
City State	Zip Code	
Chicago	IL 60654-3981	

Outstanding Balance Beginning This Period	<b>Transaction ID : D483009</b>	
12005.92		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	12005.92	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	11164.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	40000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	51164.00