

# 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  
**Mike Kelly For Congress**

ADDRESS (number and street) PO Box 476  
 Check if different than previously reported. (ACC) Lyndora PA 16045

2. **FEC IDENTIFICATION NUMBER** ▼ C C00474189 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
PA 03

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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
04 / 07 / 2016 through 06 / 30 / 2016

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 Ann Coleman  
Signature of Treasurer Ann Coleman *[Electronically Filed]* Date M M / D D / Y Y Y Y  
07 / 15 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Mike Kelly For Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	273520.10	1354493.61
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	1150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	272520.10	1353343.61
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	98057.41	752280.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.32	18944.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	97957.09	733335.40
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	844281.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	277995.00	

**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)

PAGE 3 / 129

Write or Type Committee Name

**Mike Kelly For Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	76950.00	488976.79
(ii) Unitemized.....	1570.10	27725.05
(iii) TOTAL of contributions from individuals ▶	78520.10	516701.84
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	195000.00	837791.77
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	273520.10	1354493.61
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	250.00	33136.85
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	.00	.00
(b) All Other Loans.....	.00	.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	.00	.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	100.32	18944.60
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	1.34	65.11
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	273871.76	1406640.17

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	98057.41	752280.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	50000.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	50000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	1150.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1150.00
21. OTHER DISBURSEMENTS .....	5000.00	21572.65
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	104057.41	825002.65

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	674466.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	273871.76
25. SUBTOTAL (add Line 23 and Line 24).....	948338.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	104057.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	844281.00

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

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

FOR LINE NUMBER: PAGE 5 OF 129  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fox Rothschild LLP**

Mailing Address 500 Grant Street Suite 2500

City State Zip Code  
Pittsburgh PA 15219

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11Ai-CN3439**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Judith M Alstadt**

Mailing Address 228 Rosemont Ave

City State Zip Code  
Erie PA 16505

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11Ai-CN3511**

Amount of Each Receipt this Period  
 600.00

Memo Item

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

Mailing Address PO Box 889

City State Zip Code  
Ellwood City PA 16117

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

Name of Employer Occupation  
Ellwood Group Inc. CEO / Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11Ai-CN3522**

Amount of Each Receipt this Period  
 2700.00

Memo Item

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

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

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address **PO Box 889**

City **Ellwood City** State **PA** Zip Code **16117**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2016**

**Transaction ID : SA11Ai-CN3523**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**George Nicholas Beckwith III**

Mailing Address **1 Little Ln**

City **Pittsburgh** State **PA** Zip Code **15215**

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

Name of Employer **Arch Street Management** Occupation **Business Executive**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2016**

**Transaction ID : SA11Ai-CN3435**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Colleen I Bloomstine**

Mailing Address **1410 S Shore Dr**

City **Erie** State **PA** Zip Code **16505**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2016**

**Transaction ID : SA11Ai-CN3489**

Amount of Each Receipt this Period  
**600.00**

Memo Item

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

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

**3800.00**

**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 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marlene L. Braham**

Mailing Address 3991 Gulf Shore Blvd N

City Naples State FL Zip Code 34103

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 11 / 2016**

**Transaction ID : SA11Ai-CN3473**

Amount of Each Receipt this Period  
**300.00**

Memo Item

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

Mailing Address 901 Dalebrook Drive

City Alexandria State VA Zip Code 22308

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

Name of Employer Clark Geduldig Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2016**

**Transaction ID : SA11Ai-CN3384**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Terrence William Cavanaugh**

Mailing Address 6300 Lake Shore Dr

City Erie State PA Zip Code 16505

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

Name of Employer Erie Indemnity Occupation Insurance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2016**

**Transaction ID : SA11Ai-CN3540**

Amount of Each Receipt this Period  
**600.00**

Memo Item

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

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

**1150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address 529 Rachel Ct

City Erie State PA Zip Code 16509

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

Name of Employer Humes Chrysler Jeep Dodge Ram Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3476**

Amount of Each Receipt this Period  
600.00

Memo Item

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

Mailing Address 9273 Lerwick Dr

City Dublin State OH Zip Code 43017-9492

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

Name of Employer Clark Lytle & Geduldig Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : SA11Ai-CN3387**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jay Cranford III**

Mailing Address 4138 N Richmond St

City Arlington State VA Zip Code 22207

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

Name of Employer Clark Lytle Geduldig Cranford Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : SA11Ai-CN3366**

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).....

1850.00



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

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

FOR LINE NUMBER: PAGE 9 OF 129  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William S. Dearment**

Mailing Address 438 Chestnut St

City State Zip Code  
Meadville PA 16335

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

Name of Employer Occupation  
Channellock Inc CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3464**

Amount of Each Receipt this Period  
 200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Robert L Delsignore**

Mailing Address 481 Maitland Ln

City State Zip Code  
New Castle PA 16105

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

Name of Employer Occupation  
County Of Lawrence County Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2016

**Transaction ID : SA11Ai-CN3362**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William Carroll Dicuccio**

Mailing Address 104 Woodridge Rd

City State Zip Code  
Butler PA 16001

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

Name of Employer Occupation  
Butler Health System Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11Ai-CN3516**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

950.00

**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 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address 529 5th Street SE

City Washington State DC Zip Code 20003

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

Name of Employer Apple Inc. Occupation Govt Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3481**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**James J Duratz**

Mailing Address 737 Birch Dr  
James J Duratz

City Meadville State PA Zip Code 16335

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3462**

Amount of Each Receipt this Period  
 600.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mary T Duval**

Mailing Address 3220 Georgian Ct

City Erie State PA Zip Code 16506

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11Ai-CN3495**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

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

**950.00**

**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 129  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 1266 Lake Rd

City State Zip Code  
Conneaut OH 44030

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

Name of Employer Occupation  
American Turned Products CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11Ai-CN3487**

Amount of Each Receipt this Period  
600.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**John Michael Ferretti II**

Mailing Address 1237 St Marys Dr

City State Zip Code  
Erie PA 16509

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

Name of Employer Occupation  
LECOM Physician/educator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11Ai-CN3490**

Amount of Each Receipt this Period  
600.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Chris F Fette**

Mailing Address 1480 S Shore Dr

City State Zip Code  
Erie PA 16505

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

Name of Employer Occupation  
TESCO Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11Ai-CN3512**

Amount of Each Receipt this Period  
600.00

Memo Item

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

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

1800.00

**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 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary T. Fette**

Mailing Address 6103 Volkman Rd

City Erie	State PA	Zip Code 16506
--------------	-------------	-------------------

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

Name of Employer Transportation Equipment Supply Co.	Occupation President / Sect. Treasurer
---	---

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3478**

Amount of Each Receipt this Period  
 600.00

Memo Item

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

Mailing Address 310 Signature Ct

City Safety Harbor	State FL	Zip Code 34695
-----------------------	-------------	-------------------

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

Name of Employer Hyundai of New Port Richey	Occupation Auto Dealer
--	---------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3482**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address One PGT Way

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

Name of Employer PGT Trucking Inc.	Occupation Chief Executive Officer
---------------------------------------	---------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3446**

Amount of Each Receipt this Period  
 400.00

Memo Item

**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: PAGE 13 OF 129  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. Sam Geduldig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 K Street NW  
 Suite 650  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clark Lytle Geduldig Cranford Occupation Partner  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1500.00

Date of Receipt 04 / 25 / 2016  
**Transaction ID : SA11Ai-CN3388**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Catherine J Glasgow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 Blazing Star Dr  
 City Butler State PA Zip Code 16002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Butler County Motor Co. Occupation Car Dealer  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1300.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : SA11Ai-CN3507**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Elizabeth H Greenleaf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 655 N Main Street Ext  
 City Meadville State PA Zip Code 16335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 800.00

Date of Receipt 04 / 25 / 2016  
**Transaction ID : SA11Ai-CN3385**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address 655 N Main Street Ext

City Meadville State PA Zip Code 16335

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : SA11Ai-CN3386**

Amount of Each Receipt this Period  
200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Robert F Haverly**

Mailing Address 4060 Aveniel Ct

City Erie State PA Zip Code 16506

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

Name of Employer Laser Eye surgery of Erie Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016

**Transaction ID : SA11Ai-CN3331**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Robert L Hunter**

Mailing Address 120 Mont Rd

City Butler State PA Zip Code 16001

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

Name of Employer Hunter Truck Sales Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : SA11Ai-CN3339**

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).....

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 15 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert L Hunter**

Mailing Address 120 Mont Rd

City State Zip Code  
Butler PA 16001

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

Name of Employer Occupation  
Hunter Truck Sales Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

**Transaction ID : SA11Ai-CN3519**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Victoria G. Jackson**

Mailing Address 5725 Rex Norroy Dr

City State Zip Code  
Gibsonia PA 15044

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : SA11Ai-CN3508**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William A Jones**

Mailing Address 256 Keasey Rd

City State Zip Code  
Cabot PA 16023

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

Name of Employer Occupation  
Penn United President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

**Transaction ID : SA11Ai-CN3340**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: (check only one)	PAGE 16 OF 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address 3901 Highwood Ct

City Washington State DC Zip Code 20007

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

Name of Employer National Assn of Chain Drug Stores Occupation Govt affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2016

**Transaction ID : SA11Ai-CN3414**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Bonnie L Kern**

Mailing Address 1091 Dutch Rd

City Fairview State PA Zip Code 16415

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11Ai-CN3494**

Amount of Each Receipt this Period  
600.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Nancy R Kern**

Mailing Address 3906 State St

City Erie State PA Zip Code 16508

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11Ai-CN3492**

Amount of Each Receipt this Period  
600.00

Memo Item

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

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

1450.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas W King III**

Mailing Address 456 Sheldon Rd

City: Valencia State: PA Zip Code: 16059

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

Name of Employer: Dillon McCandless King Occupation: Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 06 / 29 / 2016

**Transaction ID : SA11Ai-CN3542**

Amount of Each Receipt this Period: 500.00

Memo Item

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

Mailing Address 341 Shenley Dr

City: Erie State: PA Zip Code: 16505

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1550.00

Date of Receipt: 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3474**

Amount of Each Receipt this Period: 600.00

Memo Item

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

Mailing Address 35 Bel Aire Dr

City: Delmont State: PA Zip Code: 15626

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

Name of Employer: Enterprise Bank Occupation: President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 6400.00

Date of Receipt: 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3469**

Amount of Each Receipt this Period: 2700.00

Memo Item

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

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

3800.00

**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 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William K. Lieberman**

Mailing Address 201 Gladstone Rd

City Pittsburgh State PA Zip Code 15217

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

Name of Employer Lieberman Company Occupation Insurance Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11Ai-CN3443**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 201 Gladstone Rd

City Pittsburgh State PA Zip Code 15217

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

Name of Employer Lieberman Company Occupation Insurance Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11Ai-CN3554**

Amount of Each Receipt this Period  
-100.00

Memo Item  
 Reattributed to Sissy Lieberman  
 Reattributed

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

Mailing Address PO Box 296

City Portersville State PA Zip Code 16051

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11Ai-CN3433**

Amount of Each Receipt this Period  
1800.00

Memo Item

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

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

3800.00

**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 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address **PO Box 296**

City **Portersville** State **PA** Zip Code **16051**

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

Name of Employer **McClymonds Trucking** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 31 / 2016**

**Transaction ID : SA11Ai-CN3432**

Amount of Each Receipt this Period  
**900.00**

Memo Item

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

Mailing Address **253 Collman Dr**

City **Fairview** State **PA** Zip Code **16415**

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

Name of Employer **Erie Beer Co.** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2016**

**Transaction ID : SA11Ai-CN3541**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address **4710 Commodore Dr**

City **Erie** State **PA** Zip Code **16505**

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

Name of Employer **Eriez** Occupation **Executive**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2016**

**Transaction ID : SA11Ai-CN3493**

Amount of Each Receipt this Period  
**600.00**

Memo Item

**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 20 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Morongo Band Of Mission Indians**

Mailing Address 12700 Pumarra Road

City Banning State CA Zip Code 92220

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

Name of Employer Indian Tribe Occupation Indian Tribe

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : SA11Ai-CN3355**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 2515 N Upland St

City Arlington State VA Zip Code 22207

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

Name of Employer Altrius Group LLC Occupation President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : SA11Ai-CN3380**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Paul T. Nelson Jr**

Mailing Address 6900 Pine Gate Rd

City Fairview State PA Zip Code 16415

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

Name of Employer Waldameer Park Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3471**

Amount of Each Receipt this Period  
600.00

Memo Item

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

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

2100.00

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

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

FOR LINE NUMBER: PAGE 21 OF 129  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph D. O'Brien Jr**

Mailing Address 1150 Conner Station Road

City State Zip Code  
Simpsonville KY 40067

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

Name of Employer Occupation  
O'Brien Automotive Team Owner/founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 13 2016

**Transaction ID : SA11Ai-CN3417**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 2944 Bridgehampton Ct

City State Zip Code  
Falls Church VA 22042

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

Name of Employer Occupation  
Capitol Counsel LLC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 30 2016

**Transaction ID : SA11Ai-CN3485**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey S. Palmer**

Mailing Address 6014 Kingdom Court

City State Zip Code  
Murrysville PA 15668

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

Name of Employer Occupation  
Info Requested Info Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 11 2016

**Transaction ID : SA11Ai-CN3467**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jay L Panzarella**

Mailing Address 439 Four Lakes Dr

City State Zip Code  
Gibsonia PA 15044

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

**Transaction ID : SA11Ai-CN3506**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**William L Patterson Jr**

Mailing Address 1250 Tower Ln

City State Zip Code  
Erie PA 16505

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

Name of Employer Occupation  
Patterson - Erie Corporation Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

**Transaction ID : SA11Ai-CN3470**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 104 Singletree Drive

City State Zip Code  
Venetia PA 15367

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

Name of Employer Occupation  
Info Requested Info Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

**Transaction ID : SA11Ai-CN3468**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

6200.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 23 OF 129

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles J. Queenan Jr**

Mailing Address 433 Jefferson Court

City State Zip Code  
 Pittsburgh PA 15243

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

Name of Employer Occupation  
 K&L Gates Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 4200.00

Date of Receipt  
 MM / DD / YYYY  
 05 / 31 / 2016

**Transaction ID : SA11Ai-CN3442**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**John G. Rangos Sr**

Mailing Address 701 Osprey Point Circle

City State Zip Code  
 Boca Raton FL 33431

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

Name of Employer Occupation  
 Self-employed Businessman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2700.00

Date of Receipt  
 MM / DD / YYYY  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3445**

Amount of Each Receipt this Period  
 2700.00

Memo Item

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

Mailing Address 238 Scaife Road

City State Zip Code  
 Sewickley PA 15143

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

Name of Employer Occupation  
 Energy Innovation Center Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2700.00

Date of Receipt  
 MM / DD / YYYY  
 05 / 31 / 2016

**Transaction ID : SA11Ai-CN3441**

Amount of Each Receipt this Period  
 2700.00

Memo Item

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address 652 Deerfield Farm Ct

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
Alexandria Hyundai Auto Dealer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11Ai-CN3440**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 605 Belmont Rd

City State Zip Code  
Butler PA 16001

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

Name of Employer Occupation  
Dental Systems Inc Owner/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : SA11Ai-CN3375**

Amount of Each Receipt this Period  
 300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Gregory J Rubino**

Mailing Address 520 Elizabeth Ln

City State Zip Code  
Erie PA 16505

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

Name of Employer Occupation  
Passport Realty Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11Ai-CN3488**

Amount of Each Receipt this Period  
 600.00

Memo Item

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

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

1900.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James J. Rutkowski Sr**

Mailing Address 2609 West 12th Street

City Erie State PA Zip Code 16505

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

Name of Employer Industrial Sales & Manufacturing Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

**Transaction ID : SA11Ai-CN3463**

Amount of Each Receipt this Period  
600.00

Memo Item

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

Mailing Address 6336 Red Pine Ln

City Erie State PA Zip Code 16506

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3472**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 79 Quaker Hollow Rd

City Sewickley State PA Zip Code 15143

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11Ai-CN3437**

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).....

1900.00

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

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

FOR LINE NUMBER: PAGE 26 OF 129  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

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

Mailing Address 1111 W Dekalb Pike

City State Zip Code  
Wayne PA 19087

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

Name of Employer Occupation  
CME Benefits Chairman and CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2016

**Transaction ID : SA11Ai-CN3377**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Leo M Stepanian II**

Mailing Address 103 Sun Ridge Ct

City State Zip Code  
Butler PA 16001

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

Name of Employer Occupation  
Stepanian & Menchyk LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11Ai-CN3521**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Denise M Stilley**

Mailing Address 131 Blackthorn Dr

City State Zip Code  
Butler PA 16002

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11Ai-CN3518**

Amount of Each Receipt this Period  
 2600.00

Memo Item

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

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

5800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address 131 Blackthorn Dr

City State Zip Code  
Butler PA 16002

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

Name of Employer Occupation  
Amerikohl CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : SA11Ai-CN3517**

Amount of Each Receipt this Period  
400.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Roger H Taft**

Mailing Address 4724 Wolf Rd

City State Zip Code  
Erie PA 16505

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

Name of Employer Occupation  
McDonald Illig Jones & Britton LLP VP Facilities Mgmt

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : SA11Ai-CN3513**

Amount of Each Receipt this Period  
600.00

Memo Item

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

Mailing Address 754 S. County Road

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
Toll Brothers Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2016

**Transaction ID : SA11Ai-CN3431**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address 2025 St. Andrews Dr.

City Presto	State PA	Zip Code 15142
----------------	-------------	-------------------

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

Name of Employer CSA Strategies	Occupation President
------------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11Ai-CN3466**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dale A Walker**

Mailing Address 450 Laury Ln

City New Wilmington	State PA	Zip Code 16142
------------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : SA11Ai-CN3383**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 6291 Stonebridge Dr

City Fairview	State PA	Zip Code 16415
------------------	-------------	-------------------

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

Name of Employer Smith's Provision Co. Inc.	Occupation Senior Mgmt.
--	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11Ai-CN3491**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 29 OF 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address 9325 Renshaw Dr

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Occupation  
Capitol Tax Partners Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 02 / 2016

**Transaction ID : SA11Ai-CN3376**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 234 NE Maryland Ave

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation  
political affairs strategos group

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : SA11Ai-CN3484**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Scott R Wyman**

Mailing Address 4276 Stone Creek Dr

City State Zip Code  
Erie PA 16506

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

Name of Employer Occupation  
FirstEnergy Corp Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

**Transaction ID : SA11Ai-CN3514**

Amount of Each Receipt this Period  
600.00

Memo Item

**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 30 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Louise R Yates**

Mailing Address 107 Park Crest Ln

City State Zip Code  
Butler PA 16001

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11Ai-CN3520**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

Mailing Address 336 4th Ave 8th Floor

City State Zip Code  
Pittsburgh PA 15222

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

Name of Employer Occupation  
Owner Zamagias Properties

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11Ai-CN3436**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**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

Memo Item

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

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

2800.00

76950.00

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

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

FOR LINE NUMBER: PAGE 31 OF 129  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Action Comm. for Rural Electrification PAC**

Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1860

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C-CN3350**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AEGON USA/Transamerica Corp PAC**

Mailing Address 600 13th NW Suite 400B

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C-CN3532**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Aetna Inc. PAC**

Mailing Address 20 F St NW Suite 350

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00181826

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C-CN3533**

Amount of Each Receipt this Period  
2500.00

Memo Item

**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 32 OF 129
	<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)  
**Mike Kelly For Congress**

**A. AFIT PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1625 Prince St  
Suite 225  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C C00250399**  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**10000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016  
**Transaction ID : SA11C-CN3418**  
Amount of Each Receipt this Period  
**5000.00**  
 Memo Item

**B. AICPA PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address Palladian Corporate Center I  
220 Leigh Farm Rd  
City Durham State NC Zip Code 27707  
FEC ID number of contributing federal political committee. **C C00077321**  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**7500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016  
**Transaction ID : SA11C-CN3543**  
Amount of Each Receipt this Period  
**3500.00**  
 Memo Item

**C. Alliance Coal PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box22027  
City Tulsa State OK Zip Code 74121  
FEC ID number of contributing federal political committee. **C C00330233**  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016  
**Transaction ID : SA11C-CN3537**  
Amount of Each Receipt this Period  
**2000.00**  
 Memo Item

**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 33 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Altria Group Inc. PAC**

Mailing Address 101 Constitution Ave NW  
Suite 400W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00089136**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 11 / 2016**

**Transaction ID : SA11C-CN3449**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**American Bankers Assoc PAC**

Mailing Address 1120 Connecticut Avenue NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2016**

**Transaction ID : SA11C-CN3527**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**American Benefits Council PAC**

Mailing Address 1501 M Street NW Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00153171**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : SA11C-CN3544**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

**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 34 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American College of Radiology Assoc. PAC**

Mailing Address 1891 Preston White Dr

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : SA11C-CN3373**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**American Council Of Life Insurers PAC**

Mailing Address 101 Constitution Ave Nw Ste 700

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C-CN3451**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**American Hospital Assoc. PAC**

Mailing Address 800 Tenth Street NW Suite 400

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : SA11C-CN3394**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**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: (check only one)	PAGE 35 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Physical Therapy Assoc. PAC**

Mailing Address 1111 N Fairfax St

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : SA11C-CN3368**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Aqua America Inc H2O PAC**

Mailing Address 762 W Lancaster Ave

City State Zip Code  
Bryn Mawr PA 19010

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : SA11C-CN3399**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Assoc. for Advanced Life Underwriting PAC**

Mailing Address 11921 Freedom Dr  
Ste 1100

City State Zip Code  
Reston VA 20190

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2016

**Transaction ID : SA11C-CN3430**

Amount of Each Receipt this Period  
2500.00

Memo Item

**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 36 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Assoc. for Advanced Life Underwriting PAC**

Mailing Address 11921 Freedom Dr  
Ste 1100

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11C-CN3499**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 251 18th Street 8th floor

City Arlington State WA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : SA11C-CN3429**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AT&T Inc Federal PAC**

Mailing Address 208 S Akard St  
Ste 2701

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C-CN3454**

Amount of Each Receipt this Period  
2500.00

Memo Item

**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 37 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BAE Systems USA PAC**

Mailing Address 1101 Wilson Blvd.

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C-CN3531**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Bank Of America Federal PAC**

Mailing Address 1455 Pennsylvania Ave Suite 950

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : SA11C-CN3419**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BASF Corporation Employess PAC**

Mailing Address 100 Park Avenue

City State Zip Code  
Florham Park NJ 07932

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : SA11C-CN3365**

Amount of Each Receipt this Period  
2500.00

Memo Item

**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: PAGE 38 OF 129  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BASF Corporation Employees PAC**

Mailing Address 100 Park Avenue

City State Zip Code  
Florham Park NJ 07932

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C-CN3534**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Bayer Corporation PAC (BAYPAC)**

Mailing Address 100 Bayer Rd

City State Zip Code  
Pittsburgh PA 15205

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : SA11C-CN3406**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Biotechnology Innovation Org PAC**

Mailing Address 1201 Maryland Avenue SW Suite 900

City State Zip Code  
Washington DC 20024

FEC ID number of contributing federal political committee. **C** C00355677

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2016

**Transaction ID : SA11C-CN3407**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 39 OF 129
	<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)  
**Mike Kelly For Congress**

**A. BLUEPAC-Blue Cross & Blue Shield Assoc PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1310 G St NW 12th Fl.

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11C-CN3498**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. Brinker International Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 6820 Lbj Freeway

City Dallas	State TX	Zip Code 75240
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00241851

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2016

**Transaction ID : SA11C-CN3410**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C. Brooke Holdings & Jackson National PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 Corporate Way

City Lansing	State MI	Zip Code 48951
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00254953

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C-CN3457**

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).....

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Burger King Franchisee PAC**

Mailing Address 1701 Barrett Lakes Blvd NW  
Ste 180

City Kennesaw State GA Zip Code 30144

FEC ID number of contributing federal political committee. **C** C00329425

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C-CN3459**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 1201 Banksville Rd

City Pittsburgh State PA Zip Code 15216

FEC ID number of contributing federal political committee. **C** C00341016

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016

**Transaction ID : SA11C-CN3333**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1601 Chestnut Street T116b

City Philadelphia State PA Zip Code 19192

FEC ID number of contributing federal political committee. **C** C00085316

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11C-CN3501**

Amount of Each Receipt this Period  
2000.00

Memo Item

**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 41 OF 129
	<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)  
**Mike Kelly For Congress**

**A. Citigroup Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 Pennsylvania Avenue NW  
 Suite 1000  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C C00008474**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016  
**Transaction ID : SA11C-CN3529**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. Columbia Pipeline Group Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 G Street NE Suite 400  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C C00575340**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016  
**Transaction ID : SA11C-CN3526**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Comcast Corporation & NBC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Comcast Center 1701 Jfk Blvd  
 City Philadelphia State PA Zip Code 19130  
 FEC ID number of contributing federal political committee. **C C00248716**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016  
**Transaction ID : SA11C-CN3381**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**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 42 OF 129  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Continental Automotive Inc. PAC (CONTI PAC)**

Mailing Address 700 13th Street NW Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00551846**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C-CN3524**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Cozen O'Connor PAC**

Mailing Address One Liberty Place  
1650 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : SA11C-CN3416**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 601 Pennsylvania Ave NW  
South Building Ste 600

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C-CN3348**

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).....

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 129
	<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)  
**Mike Kelly For Congress**

**A. Duane Morris LLP Govt Committee Fed Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 30 S 17th St

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00364133**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2016

**Transaction ID : SA11C-CN3402**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Employees of Northrop Grumman Corp PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2980 Fairview Park Dr

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : SA11C-CN3369**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. ESOP Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1726 M Street NW Suite 501

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00196089**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2016

**Transaction ID : SA11C-CN3361**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 44 OF 129
	<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)  
**Mike Kelly For Congress**

**A. ExxonMobil PAC**  
 Full Name (Last, First, Middle Initial)  
 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: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2016  
**Transaction ID : SA11C-CN3342**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B. Fidelity PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Seaport Blvd V5A  
 City Boston State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. **C** C00380550  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016  
**Transaction ID : SA11C-CN3502**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. General Electric PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 Pennsylvania Ave NW #900  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00024869  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016  
**Transaction ID : SA11C-CN3391**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**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 45 OF 129  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A. General Electric PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 Pennsylvania Ave NW #900  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C C00024869**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **6500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016  
**Transaction ID : SA11C-CN3390**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. General Motors Company PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Massachusetts Ave NW Suite 400  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C C00076810**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016  
**Transaction ID : SA11C-CN3496**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Genesis Healthcare Inc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 East State Street  
 City Kennett Square State PA Zip Code 19348  
 FEC ID number of contributing federal political committee. **C C00292094**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2016  
**Transaction ID : SA11C-CN3400**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**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 46 OF 129
	<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)  
**Mike Kelly For Congress**

**A. Giant Eagle PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Kappa Drive  
 City Pittsburgh State PA Zip Code 15238  
 FEC ID number of contributing federal political committee. **C C00426072**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016  
**Transaction ID : SA11C-CN3465**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. GlaxoSmithKline PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Moore Drive  
 City Research Triangle Park State NC Zip Code 27709  
 FEC ID number of contributing federal political committee. **C C00199703**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016  
**Transaction ID : SA11C-CN3456**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Grant Thornton PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 W Jackson Blvd Suite 2000  
 City Chicago State IL Zip Code 60604  
 FEC ID number of contributing federal political committee. **C C00408260**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016  
**Transaction ID : SA11C-CN3428**  
 Amount of Each Receipt this Period  
 1850.00  
 Memo Item

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

6350.00

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

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

FOR LINE NUMBER: PAGE 47 OF 129  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Groom Law Group Chartered PAC**

Mailing Address 1701 Pennsylvania Ave NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00394775**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C-CN3509**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 3660 Grandview Parkway Suite 200

City Birmingham State AL Zip Code 35243

FEC ID number of contributing federal political committee. **C C00414649**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C-CN3345**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Home Depot Inc. PAC**

Mailing Address 1155 F St NW Suite 400

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C-CN3510**

Amount of Each Receipt this Period  
3000.00

Memo Item

**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 48 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Honeywell International PAC**

Mailing Address 101 Constitution Ave Nw  
Ste 500 W

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : SA11C-CN3398**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

Mailing Address 1901 Market Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C-CN3460**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Independent Insurance Agents & Brokers of America PAC**

Mailing Address 20 F Street NW Suite 610

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C-CN3545**

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).....

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 49 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**International Council Of Shopping Centers Inc. PAC**

Mailing Address 1166 Avenue of The Americas

City State Zip Code  
New York NY 10036-2774

FEC ID number of contributing federal political committee. **C C00217638**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

**Transaction ID : SA11C-CN3448**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Intuit 21st Century Leadership Fund**

Mailing Address 2700 Coast Avenue

City State Zip Code  
Mountain View CA 94043

FEC ID number of contributing federal political committee. **C C00361741**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

**Transaction ID : SA11C-CN3458**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Investment Company Institute PAC**

Mailing Address 1401 H Street NW #1200

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00105981**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : SA11C-CN3378**

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).....

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 50 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Investment Company Institute PAC**

Mailing Address 1401 H Street NW #1200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C-CN3453**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Investment Company Institute PAC**

Mailing Address 1401 H Street NW #1200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C-CN3546**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jewelers Of America Inc. PAC**

Mailing Address 52 Vanderbilt Avenue 19th floor

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00333666

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 15 / 2016

**Transaction ID : SA11C-CN3483**

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).....

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 51 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JP Morgan Chase & Co. Federal PAC**

Mailing Address 601 Pennsylvania Ave NW 7th floor

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer	Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2016

**Transaction ID : SA11C-CN3408**

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

Memo Item

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

Mailing Address PO Box 3883

City	State	Zip Code
Philadelphia	PA	19146

FEC ID number of contributing federal political committee. **C** C00432096

Name of Employer	Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2016

**Transaction ID : SA11C-CN3401**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

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

Mailing Address 600 14th St NW Suite 800

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer	Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C-CN3352**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

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

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

\_\_\_\_\_ 7500.00

\_\_\_\_\_

**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 129
	<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)  
**Mike Kelly For Congress**

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

Mailing Address 600 14th St NW Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2016**

**Transaction ID : SA11C-CN3370**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lincoln National Corporation PAC**

Mailing Address 1300 South Clinton Street

City Fort Wayne State IN Zip Code 46801

FEC ID number of contributing federal political committee. **C C00110577**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 11 / 2016**

**Transaction ID : SA11C-CN3455**

Amount of Each Receipt this Period  
**3000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Linde North America PAC**

Mailing Address 575 Mountain Ave

City Murray Hill State NJ Zip Code 07974

FEC ID number of contributing federal political committee. **C C00471193**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2016**

**Transaction ID : SA11C-CN3404**

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).....

**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 53 OF 129  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Massachusetts Mutual Life Insurance PAC**

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : SA11C-CN3426**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Massachusetts Mutual Life Insurance PAC**

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
13000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : SA11C-CN3427**

Amount of Each Receipt this Period  
3000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**McKesson Corp. Employees Political Fund**

Mailing Address One Post St 34th floor

City San Francisco State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : SA11C-CN3423**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

7500.00

**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 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Morgan Stanley PAC**

Mailing Address 1585 Broadway FL 9

City State Zip Code  
New York NY 10036

FEC ID number of contributing federal political committee. **C C00337626**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : SA11C-CN3403**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1585 Broadway FL 9

City State Zip Code  
New York NY 10036

FEC ID number of contributing federal political committee. **C C00337626**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C-CN3452**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mutual Of Omaha Companies PAC**

Mailing Address Mutual of Omaha Plaza

City State Zip Code  
Omaha NE 68175

FEC ID number of contributing federal political committee. **C C00094581**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : SA11C-CN3420**

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).....

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 55 OF 129
	<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)  
**Mike Kelly For Congress**

**A. Nat'l Assoc. of Real Estate Investment Trusts Inc PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1875 I Street NW  
Suite 600  
City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2016**

**Transaction ID : SA11C-CN3497**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

**B. National Air Traffic Controllers Assoc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1325 Massachusetts Ave NW  
City Wastington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : SA11C-CN3395**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

**C. National Air Traffic Controllers Assoc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1325 Massachusetts Ave NW  
City Wastington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2016**

**Transaction ID : SA11C-CN3396**

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).....

**8000.00**

**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 56 OF 129
	<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)  
**Mike Kelly For Congress**

**A. National Air Traffic Controllers Assoc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 Massachusetts Ave NW  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C C00238725**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016  
**Transaction ID : SA11C-CN3525**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. National Assoc. Of Insurance & Financial Advisors PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 Telestar Ct  
 City Falls Church State VA Zip Code 22042  
 FEC ID number of contributing federal political committee. **C C00005249**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016  
**Transaction ID : SA11C-CN3353**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. National Emergency Medicine PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 619911  
 City Dallas State TX Zip Code 75261  
 FEC ID number of contributing federal political committee. **C C00140061**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **7000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016  
**Transaction ID : SA11C-CN3538**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**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 57 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Restaurant Association PAC**

Mailing Address 2055 L Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00003764**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C-CN3351**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**National Restaurant Association PAC**

Mailing Address 2055 L Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00003764**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C-CN3461**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Nationwide Mutual Ins Co Fin & Inv PAC**

Mailing Address One Nationwide Plaza

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C C00406215**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2016

**Transaction ID : SA11C-CN3409**

Amount of Each Receipt this Period  
3000.00

Memo Item

**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: (check only one)	PAGE 58 OF 129
	<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)  
**Mike Kelly For Congress**

**A. NextEra Energy PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 Pennsylvania Ave NW  
 Ste 200  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C C00064774**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : SA11C-CN3372**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. NFG FEDPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Lafayette Sq  
 City Buffalo State NY Zip Code 14203  
 FEC ID number of contributing federal political committee. **C C00083758**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 6900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016  
**Transaction ID : SA11C-CN3393**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item

**C. NMHC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1850 M St NW Suite 540  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C C00130773**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016  
**Transaction ID : SA11C-CN3389**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

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

6650.00

**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 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Norfolk Southern Corp. Good Government Fund**

Mailing Address Three Commercial Pl

City Norfolk State VA Zip Code 23510-2191

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2016

**Transaction ID : SA11C-CN3341**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Northwestern Mutual Federal PAC**

Mailing Address 720 E. Wisconsin Avenue

City Milwaukee State WI Zip Code 53202

FEC ID number of contributing federal political committee. **C** C00197095

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C-CN3347**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Novo Nordisk Inc PAC**

Mailing Address 920 Massachusetts Ave NW  
Suite 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00424838

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C-CN3530**

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).....

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 60 OF 129
	<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)  
**Mike Kelly For Congress**

**A. NRG Energy PAC**

Full Name (Last, First, Middle Initial)  
NRG Energy PAC

Mailing Address 804 Carnegie Center

City State Zip Code  
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C C00366559**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11C-CN3434**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. NSSGA RockPAC**

Full Name (Last, First, Middle Initial)  
NSSGA RockPAC

Mailing Address 1605 King St

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C-CN3539**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C. Pharmaceutical Research & Manu Of America Better Govt Committee**

Full Name (Last, First, Middle Initial)  
Pharmaceutical Research & Manu Of America Better Govt Committee

Mailing Address 950 F Street NW Suite 300

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00021972**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C-CN3535**

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).....

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PPL People for Good Government**

Mailing Address 2 N 9th St

City Allentown State PA Zip Code 18101

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : SA11C-CN3371**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**PPL People for Good Government**

Mailing Address 2 N 9th St

City Allentown State PA Zip Code 18101

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : SA11C-CN3382**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Premier Employee's Civic Action Fund**

Mailing Address 444 N. Capitol St NW Suite 625

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00346288

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : SA11C-CN3405**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**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 62 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Principal Life Insurance Co PAC**

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392

FEC ID number of contributing federal political committee. **C** C00128918

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C-CN3344**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Principal Life Insurance Co PAC**

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392

FEC ID number of contributing federal political committee. **C** C00128918

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C-CN3450**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 1100 Wilson Blvd Suite 1500

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C-CN3349**

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).....

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 63 OF 129
	<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)  
**Mike Kelly For Congress**

**A. Realtors PAC**

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

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C-CN3528**

Amount of Each Receipt this Period  
 4000.00

Memo Item

**B. Retail Leaders PAC**

Full Name (Last, First, Middle Initial)  
Retail Leaders PAC

Mailing Address 1700 N Moore St  
Ste 2250

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00112763

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11C-CN3438**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. Sandler Travis & Rosenberg PAC**

Full Name (Last, First, Middle Initial)  
Sandler Travis & Rosenberg PAC

Mailing Address 1000 57th Court NW Suite 600

City Miami State FL Zip Code 33126

FEC ID number of contributing federal political committee. **C** C00409250

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : SA11C-CN3354**

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).....

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 64 OF 129
	<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)  
**Mike Kelly For Congress**

**A. Seniors Housing PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5100 Wisconsin Ave NW Suite 307  
 City Washington State DC Zip Code 20016  
 FEC ID number of contributing federal political committee. **C C00325332**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016  
**Transaction ID : SA11C-CN3425**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B. Specialty Equipment Market Assoc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 S. Valley Vista Drive  
 City Diamond Bar State CA Zip Code 91765  
 FEC ID number of contributing federal political committee. **C C00389403**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016  
**Transaction ID : SA11C-CN3536**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. TIAA-CREF Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Thirteenth St NW #700N  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C C00431361**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016  
**Transaction ID : SA11C-CN3392**  
 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).....

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 65 OF 129
	<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)  
**Mike Kelly For Congress**

**A. Toyota Lexus PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 13th St NW Suite 910 S  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C C00542365**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : SA11C-CN3367**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. UBS Americas Inc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 K St NW Suite 1100  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C C00012245**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016  
**Transaction ID : SA11C-CN3500**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. United For Health PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Pennsylvania Ave NW Suite 200  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C C00274431**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016  
**Transaction ID : SA11C-CN3379**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

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

8500.00

**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 66 OF 129
	<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)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vanguard Committee For Responsible Govt**

Mailing Address 975 F Street NW Suite 500

City Washington	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00410266

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C-CN3346**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Vanguard Committee For Responsible Govt**

Mailing Address 975 F Street NW Suite 500

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00410266

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : SA11C-CN3422**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Wells Fargo & Co Employee PAC**

Mailing Address 90 S. 7th Street 8th floor

City Minneapolis	State MN	Zip Code 55402
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : SA11C-CN3421**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

6500.00

195000.00

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

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

FOR LINE NUMBER: PAGE 67 OF 129  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Victory for Pennsylvania Fund**

Mailing Address 824 S. Milledge Avenue Suite 101

City Athens State GA Zip Code 30605

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

Name of Employer Occupation

Receipt For: 2016  
 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  
 04 / 10 / 2016

**Transaction ID : SA12-T16**

Amount of Each Receipt this Period  
250.00

Memo Item  
Transfer In Affiliated

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

250.00

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ann Coleman</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2016
Mailing Address 6758 St. Regis Blvd.		Amount of Each Disbursement this Period 4382.15
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement 2016 1st quarter fundraising commission		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1233</b> 2016 1st quarter fundraising commission
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Ann Coleman</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 6758 St. Regis Blvd.		Amount of Each Disbursement this Period 1546.97
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement May 2016 salary		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1287</b> May 2016 salary
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Ann Coleman</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 6758 St. Regis Blvd.		Amount of Each Disbursement this Period 1546.97
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement June 2016 salary		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1375</b> June 2016 salary
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7476.09
<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 69 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ann Coleman</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2016
Mailing Address 6758 St. Regis Blvd.		Amount of Each Disbursement this Period 220.59
City Hudson	State OH	
Zip Code 44236	Purpose of Disbursement Reimbursement for Staples: stamps cardstock	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1376</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Reimbursement for Staples: stamps cardstock
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 110 Whitestown Road		Amount of Each Disbursement this Period 6.45
City Lyndora	State PA	
Zip Code 16045	Purpose of Disbursement Postage stamps	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1323</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage stamps
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shockey Mini Storage</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 140 Shockey Lane		Amount of Each Disbursement this Period 40.00
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Storage unit rental expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1311</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Storage unit rental expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	267.04
<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 70 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Shockey Mini Storage</b>			Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 140 Shockey Lane			Amount of Each Disbursement this Period 40.00
City Butler	State PA	Zip Code 16001	
Purpose of Disbursement Storage unit rental expense		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17-EX1395</b> Storage unit rental expense
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Acme Fresh Market</b>			Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 116 West Streetsboro Street			Amount of Each Disbursement this Period 188.00
City Hudson	State OH	Zip Code 44236	
Purpose of Disbursement Stamps		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17-EX1313</b> Stamps
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Acme Fresh Market</b>			Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 116 West Streetsboro Street			Amount of Each Disbursement this Period 188.00
City Hudson	State OH	Zip Code 44236	
Purpose of Disbursement Postage stamps		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17-EX1421</b> Postage stamps
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	416.00
<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 71 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. GetGo #3500</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address Route 8		Amount of Each Disbursement this Period 37.00
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Fuel expense	<input type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1355</b> Fuel expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GetGo #3500</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address Route 8		Amount of Each Disbursement this Period 45.14
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Fuel expense	<input type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1411</b> Fuel expense
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 6.23
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food & beverage expense	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1250</b> Food & beverage expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	88.37
<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 72 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 300.78
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food & beverage expense		Candidate Name	Memo Item <input type="checkbox"/>
Category/Type 001			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17-EX1252</b> Food & beverage expense
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 238.63
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food & beverage expense		Candidate Name	Memo Item <input type="checkbox"/>
Category/Type 001			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17-EX1300</b> Food & beverage expense
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 274.51
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food & beverage expense		Candidate Name	Memo Item <input type="checkbox"/>
Category/Type 001			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17-EX1331</b> Food & beverage expense
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	813.92
<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 73 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 147.11
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food and beverage expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1339</b> Food and beverage expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SCP Group</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2016
Mailing Address 309 Penn Avenue		Amount of Each Disbursement this Period 574.48
City Sharon	State PA	
Zip Code 16146	Purpose of Disbursement Printing and mailing of Bluesox event invitations	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1400</b> Printing and mailing of Bluesox event invitations
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. SCP Group</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 309 Penn Avenue		Amount of Each Disbursement this Period 470.34
City Sharon	State PA	
Zip Code 16146	Purpose of Disbursement Printing & mailing of Golf Outing save the date postcards	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1410</b> Printing & mailing of Golf Outing save the date postcards
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1191.93
<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 74 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. SCP Group</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 309 Penn Avenue		Amount of Each Disbursement this Period 741.75
City Sharon	State PA Zip Code 16146	
Purpose of Disbursement Printing & mailing of Erie luncheon invitations		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1428</b> Printing & mailing of Erie luncheon invitations
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 04 / 26 / 2016
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 359.59
City Albany	State NY Zip Code 12212	
Purpose of Disbursement Cellular phone service expense		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1239</b> Cellular phone service expense
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 367.59
City Albany	State NY Zip Code 12212	
Purpose of Disbursement Cellular phone service		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1368</b> Cellular phone service
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1468.93
<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 75 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 359.59
City Albany	State NY Zip Code 12212	
Purpose of Disbursement Cellular phone service	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1390</b> Cellular phone service
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Republican Party Of Pennsylvania</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 112 State Street		Amount of Each Disbursement this Period 550.00
City Harrisburg	State PA Zip Code 17101	
Purpose of Disbursement Food & beverage expense; registration fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1393</b> Food & beverage expense; registration fee
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Republican Party Of Pennsylvania</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 112 State Street		Amount of Each Disbursement this Period 500.00
City Harrisburg	State PA Zip Code 17101	
Purpose of Disbursement Food & beverage expense; registration fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1406</b> Food & beverage expense; registration fee
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1409.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Republican Party Of Pennsylvania</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 112 State Street		Amount of Each Disbursement this Period 500.00
City Harrisburg	State PA Zip Code 17101	
Purpose of Disbursement Food & beverage expense; registration fee		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17-EX1407</b> Food & beverage expense; registration fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 04 / 21 / 2016
Mailing Address 9374 Route 14		Amount of Each Disbursement this Period 166.15
City Streetsboro	State PA Zip Code 44241	
Purpose of Disbursement Office supplies: Ink cartridges pens		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17-EX1258</b> Office supplies: Ink cartridges pens
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 9374 Route 14		Amount of Each Disbursement this Period 58.72
City Streetsboro	State PA Zip Code 44241	
Purpose of Disbursement Office supplies: mailing labels sharpies		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17-EX1334</b> Office supplies: mailing labels sharpies
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	724.87
<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 77 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 9374 Route 14		Amount of Each Disbursement this Period 8.56
City Streetsboro	State PA	
Purpose of Disbursement Office supplies: binder clips & paper clips		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 9374 Route 14		Amount of Each Disbursement this Period 22.29
City Streetsboro	State PA	
Purpose of Disbursement Office supplies: file folders		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. LN Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 121 State Street		Amount of Each Disbursement this Period 1500.00
City Harrisburg	State PA	
Purpose of Disbursement Digital campaign consulting (May 2016)		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1530.85
<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 78 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. LN Consulting</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2016
Mailing Address 121 State Street		Amount of Each Disbursement this Period 1500.00
City Harrisburg	State PA Zip Code 17101	
Purpose of Disbursement Media consulting (June 2016)	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1380</b> Media consulting (June 2016)
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Carey Dunn Sirianni</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2016
Mailing Address PO Box 186		Amount of Each Disbursement this Period 750.00
City Sewickley	State PA Zip Code 16143	
Purpose of Disbursement Fundraising consulting (May 2016)	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1286</b> Fundraising consulting (May 2016)
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Carey Dunn Sirianni</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address PO Box 186		Amount of Each Disbursement this Period 750.00
City Sewickley	State PA Zip Code 16143	
Purpose of Disbursement Fundraising consulting (June 2016)	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1371</b> Fundraising consulting (June 2016)
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<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 79 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Amy Petraglia</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2016
Mailing Address 8623 Lexington Place		Amount of Each Disbursement this Period 750.00
City Wexford	State PA	
Zip Code 15090	Purpose of Disbursement Fundraising consulting (May 2016)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1285</b> Fundraising consulting (May 2016)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amy Petraglia</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 8623 Lexington Place		Amount of Each Disbursement this Period 750.00
City Wexford	State PA	
Zip Code 15090	Purpose of Disbursement Fundraising consulting (June 2016)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1374</b> Fundraising consulting (June 2016)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Arnett Carbis Toothman</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 2599 Wilmington Road		Amount of Each Disbursement this Period 275.00
City New Castle	State PA	
Zip Code 16105	Purpose of Disbursement Payroll services - first quarter 2016	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1369</b> Payroll services - first quarter 2016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1775.00
<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 80 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. A-Link Printing</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address 3189 Washington Pike		Amount of Each Disbursement this Period 326.25
City Bridgeville	State PA	
Zip Code 15017	Purpose of Disbursement Creation of invite PDF & evite for 5/20 fundraiser	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1296</b> Creation of invite PDF & evite for 5/20 fundraiser
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. A-Link Printing</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 3189 Washington Pike		Amount of Each Disbursement this Period 594.78
City Bridgeville	State PA	
Zip Code 15017	Purpose of Disbursement Invitation printing evite design & postage for fundraising event	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1366</b> Invitation printing evite design & postage for fundraising event
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 11.24
City Hudson	State OH	
Zip Code 44236	Purpose of Disbursement Shipping fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1444</b> Shipping fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	932.27
<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 81 OF 129			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20d				

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2016
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 57.00
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping and packing fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1270</b> Shipping and packing fees
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement MM / DD / YYYY 04 / 26 / 2016
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 15.32
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1271</b> Shipping fees
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2016
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 10.00
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1263</b> Shipping fees
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	82.32
<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 82 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 7.46
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1264</b> Shipping fees
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 22.25
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1430</b> Shipping fees
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 46.89
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1431</b> Shipping fees
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	76.60
<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 83 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 25.17
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1432</b> Shipping fees
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 13.87
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1418</b> Shipping fees
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address 65 South Main Street		Amount of Each Disbursement this Period 54.05
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Shipping fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1433</b> Shipping fees
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	93.09
<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 84 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Eagle Printery</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 107 Bonnie Drive PO Box 550		Amount of Each Disbursement this Period 625.39
City Butler	State PA	
Zip Code 16002	Purpose of Disbursement Printing of thank you cards and envelopes	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17-EX1295</b> Printing of thank you cards and envelopes
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. IRS Taxpayment</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address IRS Taxpayment		Amount of Each Disbursement this Period 539.23
City Philadelphia	State PA	
Zip Code 19000	Purpose of Disbursement Tax payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17-EX1272</b> Tax payment
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. IRS Taxpayment</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address IRS Taxpayment		Amount of Each Disbursement this Period 42.00
City Philadelphia	State PA	
Zip Code 19000	Purpose of Disbursement Tax payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17-EX1273</b> Tax payment
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1206.62
<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 85 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. IRS Taxpayment</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address IRS Taxpayment		Amount of Each Disbursement this Period 2100.49
City Philadelphia	State PA Zip Code 19000	
Purpose of Disbursement Tax payment	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1332</b> Tax payment
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. IRS Taxpayment</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address IRS Taxpayment		Amount of Each Disbursement this Period 557.07
City Philadelphia	State PA Zip Code 19000	
Purpose of Disbursement Tax payment	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1333</b> Tax payment
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. IRS Taxpayment</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address IRS Taxpayment		Amount of Each Disbursement this Period 552.21
City Philadelphia	State PA Zip Code 19000	
Purpose of Disbursement Tax payment	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1434</b> Tax payment
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3209.77
<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 86 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. PA Employment Tax</b>		Date of Disbursement MM / DD / YYYY <b>04 / 27 / 2016</b>
Mailing Address		Amount of Each Disbursement this Period 715.54
City Harrisburg	State PA	
Zip Code 17000	Purpose of Disbursement PA tax payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type <b>001</b>	<b>Transaction ID : SB17-EX1274</b> PA tax payment
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PA Employment Tax</b>		Date of Disbursement MM / DD / YYYY <b>05 / 02 / 2016</b>
Mailing Address		Amount of Each Disbursement this Period 444.43
City Harrisburg	State PA	
Zip Code 17000	Purpose of Disbursement PA tax payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type <b>001</b>	<b>Transaction ID : SB17-EX1303</b> PA tax payment
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Printing Concepts</b>		Date of Disbursement MM / DD / YYYY <b>06 / 01 / 2016</b>
Mailing Address 4982 Pacific Avenue		Amount of Each Disbursement this Period 1246.59
City Erie	State PA	
Zip Code 16508	Purpose of Disbursement Printing of voter registration brochures	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type <b>001</b>	<b>Transaction ID : SB17-EX1370</b> Printing of voter registration brochures
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2406.56
<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 87 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Duquesne Club</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address PO Box 387		Amount of Each Disbursement this Period 1041.29
City Pittsburgh	State PA	
Zip Code 15222	Purpose of Disbursement Food & beverage expenses at fundraising event	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 007	<b>Transaction ID : SB17-EX1379</b> Food & beverage expenses at fundraising event
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Clarion County Republican Party</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2016
Mailing Address 465 Jefferson Road		Amount of Each Disbursement this Period 200.00
City Knox	State PA	
Zip Code 16232	Purpose of Disbursement Tickets to annual breakfast	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 007	<b>Transaction ID : SB17-EX1234</b> Tickets to annual breakfast
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bradley Moore</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2016
Mailing Address 11597 Route 97 N		Amount of Each Disbursement this Period 500.00
City Waterford	State PA	
Zip Code 16441	Purpose of Disbursement General campaign consulting (May 2016)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1284</b> General campaign consulting (May 2016)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1741.29
<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 88 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Bradley Moore</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 11597 Route 97 N		Amount of Each Disbursement this Period 500.00
City Waterford	State PA	
Zip Code 16441	Purpose of Disbursement General campaign consulting (June 2016)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1372</b> General campaign consulting (June 2016)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Matthew Stroia</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 3394 Mercer Road		Amount of Each Disbursement this Period 500.00
City New Castle	State PA	
Zip Code 16105	Purpose of Disbursement General campaign consulting - May 2016	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1276</b> General campaign consulting - May 2016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Matthew Stroia</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 3394 Mercer Road		Amount of Each Disbursement this Period 500.00
City New Castle	State PA	
Zip Code 16105	Purpose of Disbursement General campaign consulting (June 2016)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1373</b> General campaign consulting (June 2016)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<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 89 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. PNC Account - Main</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 245.10 <input type="checkbox"/> Memo Item
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Bank Service Charge	Category/Type 001	<b>Transaction ID : SB17-EX1435</b> Bank Service Charge
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PNC Bank - Merchant Account</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 17.00 <input type="checkbox"/> Memo Item
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Bank Service Charge	Category/Type 001	<b>Transaction ID : SB17-EX215</b> Bank Service Charge
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PNC Bank - Merchant Account</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 40.32 <input type="checkbox"/> Memo Item
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Bank Service Charge	Category/Type 001	<b>Transaction ID : SB17-EX1363</b> Bank Service Charge
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	302.42
<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 90 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank - Merchant Account</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 71.38
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Bank Service Charge	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1441</b> Bank Service Charge
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. PNC Bank - Merchant Account</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 49.86
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Bank Service Charge	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1442</b> Bank Service Charge
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. PNC Bank - Merchant Account</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 37 Main Street		Amount of Each Disbursement this Period 17.50
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement Bank Service Charge	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1443</b> Bank Service Charge
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	138.74
<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 91 OF 129			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Starn Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 1057 French Street		Amount of Each Disbursement this Period 990.00
City Meadville	State PA	
Zip Code 16335	Purpose of Disbursement Website design/survey page creation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1227</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Website design/survey page creation
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Starn Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 1057 French Street		Amount of Each Disbursement this Period 750.00
City Meadville	State PA	
Zip Code 16335	Purpose of Disbursement Website maintenance/updates	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1228</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Website maintenance/updates
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Starn Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 1057 French Street		Amount of Each Disbursement this Period 90.00
City Meadville	State PA	
Zip Code 16335	Purpose of Disbursement Delegate survey (6331)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1289</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Delegate survey (6331)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1830.00
<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 92 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Starn Marketing</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 1057 French Street		Amount of Each Disbursement this Period 180.00
City Meadville	State PA Zip Code 16335	
Purpose of Disbursement Website modifications (6832)	Category/Type 001	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17-EX1290</b> Website modifications (6832)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Altria Client Services</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 101 Constitution Ave NW Suite 400W		Amount of Each Disbursement this Period 3000.00
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Tickets for fundraising event on 6/23/16	Category/Type 007	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17-EX1381</b> Tickets for fundraising event on 6/23/16
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Altria Client Services</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 101 Constitution Ave NW Suite 400W		Amount of Each Disbursement this Period 403.60
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Food & beverages at fundraising event on 6/23	Category/Type 007	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17-EX1364</b> Food & beverages at fundraising event on 6/23
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3583.60
<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 93 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Erie County Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 08 / 2016</b>
Mailing Address PO Box 1144		Amount of Each Disbursement this Period <b>250.00</b> <input type="checkbox"/> Memo Item
City Erie	State PA	
Zip Code 16512	Purpose of Disbursement Spring dinner tickets and program ad	Transaction ID : <b>SB17-EX1226</b> Spring dinner tickets and program ad
Candidate Name	Category/Type <b>007</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Erie County Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2016</b>
Mailing Address PO Box 1144		Amount of Each Disbursement this Period <b>165.00</b> <input type="checkbox"/> Memo Item
City Erie	State PA	
Zip Code 16512	Purpose of Disbursement Tickets for Spring Dinner	Transaction ID : <b>SB17-EX1232</b> Tickets for Spring Dinner
Candidate Name	Category/Type <b>007</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. H2 Capital Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2016</b>
Mailing Address 325 7th Street NW Suite 400		Amount of Each Disbursement this Period <b>2500.00</b> <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Fundraising consulting (April 2016)	Transaction ID : <b>SB17-EX1235</b> Fundraising consulting (April 2016)
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2915.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. H2 Capital Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2016</b>
Mailing Address 325 7th Street NW Suite 400			Amount of Each Disbursement this Period <b>12000.00</b>
City Washington	State DC	Zip Code 20004	
Purpose of Disbursement Fundraising commission - level 6		Category/ Type <b>001</b>	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17-EX1236</b> Fundraising commission - level 6
State: District:			

Full Name (Last, First, Middle Initial) <b>B. H2 Capital Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 01 / 2016</b>
Mailing Address 325 7th Street NW Suite 400			Amount of Each Disbursement this Period <b>736.40</b>
City Washington	State DC	Zip Code 20004	
Purpose of Disbursement Airline tickets for Pittsburgh event		Category/ Type <b>001</b>	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17-EX1377</b> Airline tickets for Pittsburgh event
State: District:			

Full Name (Last, First, Middle Initial) <b>c. H2 Capital Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 01 / 2016</b>
Mailing Address 325 7th Street NW Suite 400			Amount of Each Disbursement this Period <b>2500.00</b>
City Washington	State DC	Zip Code 20004	
Purpose of Disbursement Fundraising consulting - June 2016		Category/ Type <b>001</b>	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17-EX1378</b> Fundraising consulting - June 2016
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>15236.40</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Harrisburg Hilton</b>			Date of Disbursement MM / DD / YYYY 04 / 08 / 2016		
Mailing Address 1 N. 2nd Street			Amount of Each Disbursement this Period 368.99		
City Harrisburg	State PA	Zip Code 17101	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Food & beverage expense		Category/ Type 001			
Candidate Name		Transaction ID : <b>SB17-EX1229</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Food & beverage expense		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Kwik Fill</b>			Date of Disbursement MM / DD / YYYY 04 / 11 / 2016		
Mailing Address 300 East Main Street			Amount of Each Disbursement this Period 31.35		
City Evans City	State PA	Zip Code 16033	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fuel expense		Category/ Type 001			
Candidate Name		Transaction ID : <b>SB17-EX1245</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Fuel expense		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. Kwik Fill</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2016		
Mailing Address 300 East Main Street			Amount of Each Disbursement this Period 41.00		
City Evans City	State PA	Zip Code 16033	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fuel expense		Category/ Type 001			
Candidate Name		Transaction ID : <b>SB17-EX1302</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Fuel expense		
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	441.34
<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 96 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Kwik Fill</b>			Date of Disbursement MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 300 East Main Street			Amount of Each Disbursement this Period 30.00	
City Evans City	State PA	Zip Code 16033	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fuel expense		Category/ Type 002	Transaction ID : <b>SB17-EX1347</b> Fuel expense	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Kwik Fill</b>			Date of Disbursement MM / DD / YYYY 06 / 09 / 2016	
Mailing Address 300 East Main Street			Amount of Each Disbursement this Period 42.50	
City Evans City	State PA	Zip Code 16033	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fuel expense		Category/ Type 002	Transaction ID : <b>SB17-EX1399</b> Fuel expense	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Verizon Center</b>			Date of Disbursement MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 601 F Street NW			Amount of Each Disbursement this Period 512.00	
City Washington	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food & beverage expense at fundraising event		Category/ Type 001	Transaction ID : <b>SB17-EX1422</b> Food & beverage expense at fundraising event	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	584.50
<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 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 08 / 2016</b>
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period <b>18.54</b>
City State Zip Code <b>Minnetonka MN 55343</b>	Purpose of Disbursement Credit card processing fees Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17-EX1277</b> Credit card processing fees
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vanco Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 08 / 2016</b>
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period <b>7.33</b>
City State Zip Code <b>Minnetonka MN 55343</b>	Purpose of Disbursement Credit card processing fees Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17-EX1278</b> Credit card processing fees
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vanco Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 12 / 2016</b>
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period <b>16.48</b>
City State Zip Code <b>Minnetonka MN 55343</b>	Purpose of Disbursement Credit card processing fees Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17-EX1279</b> Credit card processing fees
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>42.35</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 129			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 1.83
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1280</b> Credit card processing fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vanco Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 14.20
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1281</b> Credit card processing fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vanco Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 36.95
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement April corporate account processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1283</b> April corporate account processing fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	52.98
<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 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2016
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 14.15
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1282</b> Credit card processing fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vanco Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 164.40
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1362</b> Credit card processing fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vanco Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 30.66
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement Credit card account fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1361</b> Credit card account fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	209.21
<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 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 3.20
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1359</b> Credit card processing fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vanco Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 2.83
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1360</b> Credit card processing fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vanco Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 3.20
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement Credit card processing fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1436</b> Credit card processing fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.23
<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 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Payment Solutions</b>			Date of Disbursement MM / DD / YYYY 06 / 07 / 2016	
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 7.33	
City Minnetonka	State MN	Zip Code 55343	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit card processing fee		Category/Type 001	Transaction ID : <b>SB17-EX1437</b> Credit card processing fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Vanco Payment Solutions</b>			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 3.95	
City Minnetonka	State MN	Zip Code 55343	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit card processing fee		Category/Type 001	Transaction ID : <b>SB17-EX1438</b> Credit card processing fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Vanco Payment Solutions</b>			Date of Disbursement MM / DD / YYYY 06 / 15 / 2016	
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 25.90	
City Minnetonka	State MN	Zip Code 55343	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Online donation processing fees		Category/Type 001	Transaction ID : <b>SB17-EX1440</b> Online donation processing fees	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37.18
<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 102 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 27.95
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement Credit card processing fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1439</b> Credit card processing fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheetz-Butler</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 249 Pittsburgh Road		Amount of Each Disbursement this Period 43.75
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Fuel expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	<b>Transaction ID : SB17-EX1420</b> Fuel expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheraton Erie Bayfront Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 55 West Bay Road		Amount of Each Disbursement this Period 39.00
City Erie	State PA	
Zip Code 16507	Purpose of Disbursement Food & beverage expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1231</b> Food & beverage expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	110.70
<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 103 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sheraton Erie Bayfront Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016	
Mailing Address 55 West Bay Road			Amount of Each Disbursement this Period 24.14	
City Erie	State PA	Zip Code 16507	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Food & beverage expense		Category/ Type 001	<b>Transaction ID : SB17-EX1310</b>	
Candidate Name			Food & beverage expense	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Pittsburgh Int'l Airport Parking</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 1000 Airport Blvd.			Amount of Each Disbursement this Period 80.00	
City Pittsburgh	State PA	Zip Code 15231	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Airport parking fees		Category/ Type 002	<b>Transaction ID : SB17-EX1403</b>	
Candidate Name			Airport parking fees	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Caves Valley Golf Club</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016	
Mailing Address 2910 Blendon Road			Amount of Each Disbursement this Period 235.90	
City Owings Mills	State MD	Zip Code 21117	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Food & beverage expense		Category/ Type 001	<b>Transaction ID : SB17-EX1312</b>	
Candidate Name			Food & beverage expense	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	340.04
<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 104 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. PNC Park - Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 115 Federal Street		Amount of Each Disbursement this Period 225.12
City Pittsburgh	State PA Zip Code 15212	
Purpose of Disbursement Food & beverage expense	Category/Type 007	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1346</b> Food & beverage expense
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Pittsburgh Steelers</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 100 Art Rooney Avenue		Amount of Each Disbursement this Period 5117.00
City Pittsburgh	State PA Zip Code 15212	
Purpose of Disbursement Tickets for Pittsburgh Steeler fundraising event	Category/Type 007	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1341</b> Tickets for Pittsburgh Steeler fundraising event
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 345 South Main Street		Amount of Each Disbursement this Period 24.81
City Butler	State PA Zip Code 16001	
Purpose of Disbursement Postage expense	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1243</b> Postage expense
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5366.93
<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 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 345 South Main Street		Amount of Each Disbursement this Period 8.90
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Postage expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17-EX1253</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address 345 South Main Street		Amount of Each Disbursement this Period 3.97
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Postage fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17-EX1265</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage fees
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 345 South Main Street		Amount of Each Disbursement this Period 6.70
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Postage fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17-EX1266</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage fees
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19.57
<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 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 345 South Main Street		Amount of Each Disbursement this Period 6.45
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Postage expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17-EX1354</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2016
Mailing Address 345 South Main Street		Amount of Each Disbursement this Period 54.95
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Postage stamps & shipping expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17-EX1412</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage stamps & shipping expense
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 345 South Main Street		Amount of Each Disbursement this Period 6.80
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Shipping fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17-EX1419</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Shipping fees
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68.20
<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 107 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent A Car</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address 1100 4th Street SW		Amount of Each Disbursement this Period 24.19
City Washington	State DC	
Zip Code 20024	Purpose of Disbursement Toll expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1330</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Toll expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address Union Station		Amount of Each Disbursement this Period 159.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Train ticket	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	<b>Transaction ID : SB17-EX1402</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Train ticket
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheetz - Grove City</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 1526 West Main Street Ext		Amount of Each Disbursement this Period 28.91
City Grove City	State PA	
Zip Code 16127	Purpose of Disbursement Fuel expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	<b>Transaction ID : SB17-EX1394</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fuel expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	212.10
<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 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address American Airlines		Amount of Each Disbursement this Period 643.20 <input type="checkbox"/> Memo Item
City WWW.AA.COM State Zip Code 00000	Purpose of Disbursement Airline tickets 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1304</b> Airline tickets
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address American Airlines		Amount of Each Disbursement this Period 643.20 <input type="checkbox"/> Memo Item
City WWW.AA.COM State Zip Code 00000	Purpose of Disbursement Airline tickets 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1305</b> Airline tickets
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address American Airlines		Amount of Each Disbursement this Period 16.53 <input type="checkbox"/> Memo Item
City WWW.AA.COM State Zip Code 00000	Purpose of Disbursement Airline fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1306</b> Airline fees
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1302.93
<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 129			
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address American Airlines		Amount of Each Disbursement this Period 16.53
City WWW.AA.COM State Zip Code 00000	Purpose of Disbursement Airline fees 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1307</b> Airline fees
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address American Airlines		Amount of Each Disbursement this Period 50.00
City WWW.AA.COM State Zip Code 00000	Purpose of Disbursement Airline baggage fees 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1308</b> Airline baggage fees
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address American Airlines		Amount of Each Disbursement this Period 35.00
City WWW.AA.COM State Zip Code 00000	Purpose of Disbursement Airline baggage fees 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17-EX1309</b> Airline baggage fees
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	101.53
<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 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address American Airlines		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Memo Item
City WWW.AA.COM	State Zip Code 00000	
Purpose of Disbursement Airline baggage fees	Category/Type 001	<b>Transaction ID : SB17-EX1320</b> Airline baggage fees
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 316 Pennsylvania Ave SE Suite 300		Amount of Each Disbursement this Period 140.00 <input type="checkbox"/> Memo Item
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Food & beverage expenses at fundraising event	Category/Type 007	<b>Transaction ID : SB17-EX1220</b> Food & beverage expenses at fundraising event
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. All About Reclaimed</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 109 N. Main Street		Amount of Each Disbursement this Period 63.60 <input type="checkbox"/> Memo Item
City Butler	State PA Zip Code 16001	
Purpose of Disbursement Flowers for funeral	Category/Type 001	<b>Transaction ID : SB17-EX1404</b> Flowers for funeral
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	238.60
<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 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Nicholas Sandone</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 6779 St. Regis Blvd.		Amount of Each Disbursement this Period 113.88
City Hudson	State OH	
Zip Code 44236	Purpose of Disbursement May 2016 salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1383</b> May 2016 salary
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mike Kiely</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 316 Pennsylvania Ave SE Suite 300		Amount of Each Disbursement this Period 213.88
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food & beverage expenses for fundraising event	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 007	<b>Transaction ID : SB17-EX1222</b> Food & beverage expenses for fundraising event
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FARMER</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address PO Box 8736		Amount of Each Disbursement this Period 300.00
City Camp Hill	State PA	
Zip Code 17001	Purpose of Disbursement PA Farm Bureau Dinner tickets	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1223</b> PA Farm Bureau Dinner tickets
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	627.36
<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 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Direct Results</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2016</b>
Mailing Address 185 Wade Street		Amount of Each Disbursement this Period <b>3894.92</b> <input type="checkbox"/> Memo Item
City Waynesburg	State PA	
Zip Code 15370	Purpose of Disbursement Custom campaign truck wrap	Transaction ID : <b>SB17-EX1241</b> Custom campaign truck wrap
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tiversa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 20 / 2016</b>
Mailing Address 606 Liberty Avenue		Amount of Each Disbursement this Period <b>4609.02</b> <input type="checkbox"/> Memo Item
City Pittsburgh	State PA	
Zip Code 15222	Purpose of Disbursement Food & beverages/ticket expense for fundraiser	Transaction ID : <b>SB17-EX1242</b> Food & beverages/ticket expense for fundraiser
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lavagna</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address 539 8th Street SE		Amount of Each Disbursement this Period <b>1980.00</b> <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food & beverage expense at fundraising event	Transaction ID : <b>SB17-EX1249</b> Food & beverage expense at fundraising event
Candidate Name	Category/ Type <b>007</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10483.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Kittanning Country Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 218 Belltop Drive		Amount of Each Disbursement this Period 404.00 <input type="checkbox"/> Memo Item
City Kittanning	State PA	
Zip Code 16201	Purpose of Disbursement Food and beverage expense at fundraising event	Transaction ID : <b>SB17-EX1275</b> Food and beverage expense at fundraising event
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Casa Luca</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 1099 New York Ave NW		Amount of Each Disbursement this Period 2702.76 <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Food & beverage expense at fundraising event	Transaction ID : <b>SB17-EX1256</b> Food & beverage expense at fundraising event
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Peter Millar LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address PO Box 7247		Amount of Each Disbursement this Period 1830.42 <input type="checkbox"/> Memo Item
City Philadelphia	State PA	
Zip Code 19170	Purpose of Disbursement Golf shirts	Transaction ID : <b>SB17-EX1293</b> Golf shirts
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4937.18
<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 114 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Katie Delzell</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 325 7th Street NW Suite 400		Amount of Each Disbursement this Period 1159.54
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Reimbursement for hotel parking and food expenses	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1294</b> Reimbursement for hotel parking and food expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Maria Diesel</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 1533 Johnnys Way		Amount of Each Disbursement this Period 2628.00
City West Chester	State PA	
Zip Code 19382	Purpose of Disbursement Fundraising commission on 5/4/2016 event	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1298</b> Fundraising commission on 5/4/2016 event
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Maria Diesel</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 1533 Johnnys Way		Amount of Each Disbursement this Period 120.00
City West Chester	State PA	
Zip Code 19382	Purpose of Disbursement Fundraising commission for 5/4/2016 event	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1382</b> Fundraising commission for 5/4/2016 event
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3907.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent A Car</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 601 N. Randolph Street		Amount of Each Disbursement this Period 383.84
City Arlington	State VA	
Zip Code 22203	Purpose of Disbursement Rental car expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1315</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Rental car expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Printglobe</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 5812 Trade Center Drive Suite 10		Amount of Each Disbursement this Period 27.66
City Austin	State TX	
Zip Code 78744	Purpose of Disbursement Campaign stickers	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 006	<b>Transaction ID : SB17-EX1342</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Campaign stickers
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Union League</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 140 South Broad Street		Amount of Each Disbursement this Period 1517.62
City Philadelphia	State PA	
Zip Code 19102	Purpose of Disbursement Food & beverage expense at fundraiser	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17-EX1327</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food & beverage expense at fundraiser
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1929.12
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Fiola Mare</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 3050 K Street NW Suite 101		Amount of Each Disbursement this Period 647.14
City Washington State DC Zip Code 20007	Purpose of Disbursement Food & beverage expense Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17-EX1329</b> Food & beverage expense
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. NephCure</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 4553 East Lake Road		Amount of Each Disbursement this Period 160.00
City Jamestown State PA Zip Code 16134	Purpose of Disbursement Entry fee for golf outing Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17-EX1385</b> Entry fee for golf outing
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Beaver-Lawrence Farm Bureau</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2016
Mailing Address 287 Glenkirk Road		Amount of Each Disbursement this Period 400.00
City New Galilee State PA Zip Code 16141	Purpose of Disbursement Tickets to event Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17-EX1337</b> Tickets to event
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1207.14
<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 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Tortilla Coast</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016	
Mailing Address 400 First Street SE			Amount of Each Disbursement this Period 445.29	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food & beverage expenses		Category/ Type 007	Transaction ID : <b>SB17-EX1340</b> Food & beverage expenses	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ted's Bulletin</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016	
Mailing Address 1818 14th Street NW			Amount of Each Disbursement this Period 262.13	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food & beverage expenses		Category/ Type 007	Transaction ID : <b>SB17-EX1344</b> Food & beverage expenses	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Rosa Mexicano</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016	
Mailing Address 575 7th Street NW			Amount of Each Disbursement this Period 659.18	
City Washington	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food & beverage expenses		Category/ Type 007	Transaction ID : <b>SB17-EX1351</b> Food & beverage expenses	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1366.60
<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 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address 212 7th Street SE		Amount of Each Disbursement this Period 1803.05 <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food & beverage expenses	Transaction ID : <b>SB17-EX1352</b> Food & beverage expenses
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Courtyard Wineries</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address 10021 West Main Road		Amount of Each Disbursement this Period 343.19 <input type="checkbox"/> Memo Item
City North East	State PA	
Zip Code 16428	Purpose of Disbursement Food & beverage expenses	Transaction ID : <b>SB17-EX1353</b> Food & beverage expenses
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Butler Blue Sox</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 100 Pullman Park Place		Amount of Each Disbursement this Period 1094.00 <input type="checkbox"/> Memo Item
City Butler	State PA	
Zip Code 16001	Purpose of Disbursement Food beverages and baseball game tickets at fundraising event	Transaction ID : <b>SB17-EX1365</b> Food beverages and baseball game tickets at fundraising event
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3240.24
<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 119 OF 129	
	<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)  
**Mike Kelly For Congress**

**A. Member Lunch Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address Ways & Means Committee  
1102 Longworth HOB

City Washington State DC Zip Code 20515

Purpose of Disbursement Food & beverage expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2016

Amount of Each Disbursement this Period: 700.00

Memo Item

**Transaction ID : SB17-EX1367**  
Food & beverage expense

**B. Simplicity Catering**

Full Name (Last, First, Middle Initial)  
Mailing Address 6402 Arlington Blvd Suite 150B

City Falls Church State VA Zip Code 22042

Purpose of Disbursement Food & beverage expenses at fundraising expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 24 / 2016

Amount of Each Disbursement this Period: 694.38

Memo Item

**Transaction ID : SB17-EX1386**  
Food & beverage expenses at fundraising expense

**C. American Council Of Life Insurers**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Ave NW  
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement Room rental fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 24 / 2016

Amount of Each Disbursement this Period: 400.00

Memo Item

**Transaction ID : SB17-EX1388**  
Room rental fee

**SUBTOTAL** of Disbursements This Page (optional) ..... 1794.38

**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 120 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. American Council Of Life Insurers</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address 101 Constitution Ave NW Suite 700		Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Memo Item
City Washington State DC Zip Code 20001	Purpose of Disbursement Reimburse for staff time phone use & facilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : SB17-EX1389</b> Reimburse for staff time phone use & facilities

Full Name (Last, First, Middle Initial) <b>B. Catholic Company</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 615 E. Westinghouse Blvd.		Amount of Each Disbursement this Period 351.90 <input type="checkbox"/> Memo Item
City Charlotte State NC Zip Code 28273	Purpose of Disbursement Donor appreciation gifts Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : SB17-EX1392</b> Donor appreciation gifts

Full Name (Last, First, Middle Initial) <b>c. Online Stores LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 1000 Westinghouse Drive Suite 1		Amount of Each Disbursement this Period 168.30 <input type="checkbox"/> Memo Item
City New Stanton State PA Zip Code 15672	Purpose of Disbursement US flags to donate Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : SB17-EX1413</b> US flags to donate

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	795.20
<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 121 OF 129	
	<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)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Executive Town Car Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 2336 N. 2nd Street		Amount of Each Disbursement this Period 219.00
City Philadelphia	State PA Zip Code 19000	
Purpose of Disbursement Car service	Category/Type 002	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1417</b> Car service
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Stubhub.com</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address Stubhub.com		Amount of Each Disbursement this Period 83.92
City San Francisco	State CA Zip Code 94102	
Purpose of Disbursement Event ticket	Category/Type 007	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17-EX1424</b> Event ticket
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	302.92
<b>TOTAL</b> This Period (last page this line number only).....	95146.28

**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 129	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Charles Leyh</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 35 Bel Aire Dr		Amount of Each Disbursement this Period 1000.00
City Delmont	State PA Zip Code 15626	
Purpose of Disbursement Contribution Ref to Individual	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB20a-CR2</b> Refund of excess 6/11/16 Contrib

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 129	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mike Kelly For Congress**

Full Name (Last, First, Middle Initial) <b>A. Keeping America Rolling PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 20 / 2016</b>
Mailing Address PO Box 185		Amount of Each Disbursement this Period <b>5000.00</b>
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Political contribution	<input type="checkbox"/> Memo Item
Candidate Name Keeping America Rolling PAC	Category/Type <b>011</b>	<b>Transaction ID : SB21-EX1387</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Political contribution
State: District:		

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

Full Name (Last, First, Middle Initial) <b>C.</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	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

# 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)  
**Mike Kelly For Congress**

Transaction ID : **SC10-LN1**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**George J Jr J. Kelly Jr.**

Election: 2010  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
239 W Pearl Street

City State ZIP Code  
Butler PA 16001

Original Amount of Loan 36500.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 36500.00
-------------------------------------	-----------------------------------	---

**TERMS**

Date Incurred: M 09 / D 30 / Y 2010  
Date Due: M 12 / D 31 / Y 2050  
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: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 36500.00

**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) **Transaction ID : SC10-LN2**  
**Mike Kelly For Congress**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**George J Jr J. Kelly Jr.**

Election: 2010  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
239 W Pearl Street

City State ZIP Code  
Butler PA 16001

Original Amount of Loan 75000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 75000.00
-------------------------------------	-----------------------------------	---

**TERMS**

Date Incurred M 06 / D 30 / Y 2010	Date Due M 12 / D 31 / Y 2050	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	[ ] 75000.00
<b>TOTALS</b> 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)  
**Mike Kelly For Congress**

Transaction ID : **SC10-LN3**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**George J Jr J. Kelly Jr.**

Election: 2010  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
239 W Pearl Street

City State ZIP Code  
Butler PA 16001

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
25000.00 .00 25000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 05 / D 12 / Y 2010 M 12 / D 31 / Y 2050 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional).....

**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)  
**Mike Kelly For Congress**

Transaction ID : **SC10-LN4**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**George J Jr J. Kelly Jr.**

Election: 2010  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
239 W Pearl Street

City State ZIP Code  
Butler PA 16001

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000.00 .00 100000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 05 / D 07 / Y 2010 M 12 / D 31 / Y 2050 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)..... ▶ 100000.00  
**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)  
**Mike Kelly For Congress**

Transaction ID : **SC10-LN5**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**George J Jr J. Kelly Jr.**

Election: 2010  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
239 W Pearl Street

City State ZIP Code  
Butler PA 16001

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
43495.00 2000.00 41495.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 31 / Y 2010 M 12 / D 31 / Y 2050 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)..... ▶ 41495.00  
**TOTALS** This Period (last page in this line only)..... ▶ 277995.00

**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**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Mike Kelly For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**PNC Bank - Merchant Account**

Mailing Address 37 Main Street

City State Zip Code  
 Hudson OH 44236

Nature of Debt (Purpose):  
 Invoice:

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV216</b>	
17.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	17.00	.00

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

Mailing Address 606 Liberty Avenue

City State Zip Code  
 Pittsburgh PA 15222

Nature of Debt (Purpose):  
 Invoice: Food & beverages/ticket expense for fundraiser

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV1218</b>	
4609.02		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	4609.02	.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	0.00
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) ▶	