

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

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

PA

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

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

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

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MIKE KELLY FOR CONGRESS

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 204475.59 | 1138015.45 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 204475.59 | 1138015.45 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 60464.40 | 498798.11 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 930.46 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 60464.40 | 497867.65 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 689403.07 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 327995.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MIKE KELLY FOR CONGRESS

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 68297.59 | 391632.02 |
| (ii) Unitemized..... | 3678.00 | 33631.58 |
| (iii) TOTAL of contributions from individuals ▶ | 71975.59 | 425263.60 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 132500.00 | 712751.85 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 204475.59 | 1138015.45 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 25219.72 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 930.46 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 1.66 | 12.95 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 204477.25 | 1164178.58 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 60464.40 | 498798.11 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 37500.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 2000.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 2000.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 12512.77 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 60464.40 | 550810.88 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 545390.22 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 204477.25 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 749867.47 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 60464.40 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 689403.07 |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 105 |
| | <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 | |

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)
James Agras

Mailing Address 73 Lebanon Hills Drive

City Pittsburgh State PA Zip Code 15228

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

Name of Employer Triangle Tech Group Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.8147

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
Charles Asensio

Mailing Address 711 W Melissa Circle

City Yardley State PA Zip Code 19607

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

Name of Employer ADP Occupation Vice President of Government Affairs

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.8132

Amount of Each Receipt this Period
 1000.00
 contribution

C. Full Name (Last, First, Middle Initial)
Dr. Robert Baker

Mailing Address 10 Fairway Drive

City Greenville State PA Zip Code 16125

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.8051

Amount of Each Receipt this Period
 500.00
 contribution

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

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

2500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 105 |
| | <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)
Charles Bales

Mailing Address 251 Wolf Point Drive

City Erie State PA Zip Code 16505

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.8009

Amount of Each Receipt this Period
 100.00
 contribution

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

Mailing Address One Little Lane

City Pittsburgh State PA Zip Code 15215

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

Name of Employer Arch Street Management Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.8249

Amount of Each Receipt this Period
 1000.00
 contribution

C. Full Name (Last, First, Middle Initial)
James Berlin

Mailing Address 113 Glenruadh Avenue

City Erie State PA Zip Code 16505

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

Name of Employer Logistics Plus Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7961

Amount of Each Receipt this Period
 500.00
 contribuion

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

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

1600.00

**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 105 |
| | <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)
Colleen Bloomstine

Mailing Address 1410 South Shore Drive

City Erie State PA Zip Code 16505

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.8042

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
Grace Anna Boggs

Mailing Address 117 Brown Road

City Stoneboro State PA Zip Code 16153

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

Name of Employer GA Boggs & Assoc Occupation Advertising

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7988

Amount of Each Receipt this Period
 contribution 500.00

C. Full Name (Last, First, Middle Initial)
Nadine Bognar

Mailing Address 742 Pinoak Road

City Pittsburgh State PA Zip Code 15243

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.8247

Amount of Each Receipt this Period
 contribution 1000.00

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

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

2000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 105 |
| | <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)
Gary Boldt

Mailing Address 2238 South Shore Drive

City Erie State PA Zip Code 16505

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

Name of Employer CEO Occupation Boldt Machinery

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7960

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
Marlene Braham

Mailing Address 10178 Nancy Drive

City Meadville State PA Zip Code 16335

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11AI.8192

Amount of Each Receipt this Period
 contribution 250.00

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

Mailing Address PO Box 293

City Oil City State PA Zip Code 16301

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

Name of Employer DBI, Inc Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.8044

Amount of Each Receipt this Period
 contribution 500.00

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

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

1250.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 105 |
| | <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

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. James Burd | | Date of Receipt MM / DD / YYYY 06 / 18 / 2014 |
| Mailing Address 376 Freeport Street | | Transaction ID : SA11AI.8262 |
| City Saxonburg | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 contribution |
| Name of Employer Information Requested | Occupation CEO | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Scott Campbell | | Date of Receipt MM / DD / YYYY 05 / 07 / 2014 |
| Mailing Address PO Box 607 | | Transaction ID : SA11AI.7986 |
| City West Middlesex | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 contribution |
| Name of Employer self-employed | Occupation contractor | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 600.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Larry Campoli | | Date of Receipt MM / DD / YYYY 06 / 25 / 2014 |
| Mailing Address 115 Valley Forge Drive | | Transaction ID : SA11AI.8270 |
| City Cranberry Township | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 contribution |
| Name of Employer self-employed | Occupation Podiatrist | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 105 |
| | <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

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Francis Cantrel | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014 | |
| Mailing Address 8819 Kensington Parkway | | Transaction ID : SA11AI.8311 | |
| City Chevy Chase | State MD | Zip Code 20815 | Amount of Each Receipt this Period contribution 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Verizon | Occupation Government relations | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Robert Carbeau | | Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014 | |
| Mailing Address 2 Crestview Drive | | Transaction ID : SA11AI.7993 | |
| City Zelienople | State PA | Zip Code 16062 | Amount of Each Receipt this Period contribution 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Universal Manufacturing | Occupation CEO | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1500.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Terrence Cavanaugh | | Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014 | |
| Mailing Address 6300 Lake Shore Drive | | Transaction ID : SA11AI.8012 | |
| City Erie | State PA | Zip Code 16505 | Amount of Each Receipt this Period contribution 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Erie Insurance | Occupation President & CEO | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | 1500.00 |

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

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

FOR LINE NUMBER: PAGE 11 OF 105
(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)
CONSOL ENERGY INC. PAC

Mailing Address C/O COMERICA BANK, PAC SERVICES
P.O. BOX 75000, MC2250

City State Zip Code
DETROIT MI 48275

FEC ID number of contributing federal political committee. **C** C00279331

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.8518

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
Dougald Currie

Mailing Address 5234 Wolf Run Village Lane

City State Zip Code
Erie PA 16505

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

Name of Employer Occupation
Erie Press Systems President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.8091

Amount of Each Receipt this Period
 contribution 500.00

C. Full Name (Last, First, Middle Initial)
George Currie

Mailing Address 4802 Wolf Road

City State Zip Code
Erie PA 16505

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

Name of Employer Occupation
EFCO Products Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.8088

Amount of Each Receipt this Period
 contribution 500.00

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 12 OF 105 |
| | <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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. William Deemer | | Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014 |
| Mailing Address 112 Candleford Court | | Transaction ID : SA11AI.7977 |
| City State Zip Code Butler PA 16001 | Amount of Each Receipt this Period 300.00 contribution | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Retired Retired | Amount of Each Receipt this Period 400.00 contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 400.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Carlos De La Cruz | | Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014 |
| Mailing Address 5 Harbor Point | | Transaction ID : SA11AI.8187 |
| City State Zip Code Key Biscayne FL 33149 | Amount of Each Receipt this Period 2500.00 contribution | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation CCI Companies LLC Chairman | Amount of Each Receipt this Period 2500.00 contribution |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mary Eighmy | | Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address 1266 Lake Road | | Transaction ID : SA11AI.8047 |
| City State Zip Code Conneaut OH 44030 | Amount of Each Receipt this Period 500.00 contribution | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Homemaker Homemaker | Amount of Each Receipt this Period 500.00 contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3300.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 105 |
| | <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)
Martin Farrell

Mailing Address 119 West Ninth Street

| | | |
|--------------|-------------|-------------------|
| City Erie | State PA | Zip Code 16501 |
|--------------|-------------|-------------------|

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

| | |
|--|-----------------------------|
| Name of Employer Infinity Resources, Inc. | Occupation Self-Employed |
|--|-----------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.8001

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
Joseph Ferrainola

Mailing Address 706 Clarksville Road

| | | |
|----------------|-------------|-------------------|
| City Mercer | State PA | Zip Code 16137 |
|----------------|-------------|-------------------|

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

| | |
|--|----------------------------------|
| Name of Employer Youth Education Services of PA | Occupation Executive Director |
|--|----------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.7973

Amount of Each Receipt this Period
 contribution 100.00

C. Full Name (Last, First, Middle Initial)
Robert Ferrier

Mailing Address 6790 Manchester Beach Road

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

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

| | |
|--------------------------------------|-----------------------------|
| Name of Employer Ferrier Hardware | Occupation Self-Employed |
|--------------------------------------|-----------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7964

Amount of Each Receipt this Period
 contribution 500.00

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

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

1100.00

**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 105 |
| | <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

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Chris Fette Jr. | | Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014 | |
| Mailing Address 1480 South Shore Drive | | Transaction ID : SA11AI.8037 | |
| City Erie State PA Zip Code 16505 | Amount of Each Receipt this Period contribution 500.00 | | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Transportation Equip Supply Co Owner | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 800.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mary Fette | | Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014 | |
| Mailing Address 6103 Volkman Road | | Transaction ID : SA11AI.7965 | |
| City Erie State PA Zip Code 16506 | Amount of Each Receipt this Period contribution 500.00 | | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Transportation Equip Supply Owner | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 5000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Richard Fisher | | Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014 | |
| Mailing Address 537 N Neville Street Apt 2B | | Transaction ID : SA11AI.8092 | |
| City Pittsburgh State PA Zip Code 15213 | Amount of Each Receipt this Period contribution 1000.00 | | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Federated Securities Investor | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 105 |
| | <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 | |

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

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) Brian Gaston | | Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014 |
| Mailing Address 919 Bernard Street | | Transaction ID : SA11AI.8266 |
| City Alexandria | State VA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period contribution 500.00 |
| Name of Employer Glover Park Group | Occupation Director | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Samuel Geduldig | | Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014 |
| Mailing Address 1001 Pennsylvania Ave, NW | | Transaction ID : SA11AI.8136 |
| City Washington | State DC | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period contribution 500.00 |
| Name of Employer Government Relations | Occupation Clark, Lytle, Geduldig, Cranfo | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1500.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) Joseph George | | Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address 3435 Lamor Road | | Transaction ID : SA11AI.8053 |
| City Hermitage | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period contribution 500.00 |
| Name of Employer Joy Cone Co | Occupation Management | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 105 |
| | <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)
Melvin Grata

Mailing Address PO Box 1389

City Hermitage State PA Zip Code 16148

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

Name of Employer Mel Grata Chevrolet Occupation Automobile Dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.8076

Amount of Each Receipt this Period
1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
James M. Greenleaf

Mailing Address 126 Bay Mist Drive

City Erie State PA Zip Code 16505

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

Name of Employer Greenleaf Corporation Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11AI.8260

Amount of Each Receipt this Period
2600.00
 contribution

C. Full Name (Last, First, Middle Initial)
Nancy Lee Greenleaf

Mailing Address 126 Bay Mist Drive

City Erie State PA Zip Code 16505

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.8085

Amount of Each Receipt this Period
500.00
 contribution

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

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

4100.00

**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 105 |
| | <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)
Nancy Lee Greenleaf

Mailing Address 126 Bay Mist Drive

City Erie State PA Zip Code 16505

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.8261

Amount of Each Receipt this Period
 2600.00
 contribution

B. Full Name (Last, First, Middle Initial)
Mark Gusek

Mailing Address 5717 Clinton Drive

City Erie State PA Zip Code 16509

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

Name of Employer Village at Luther Square Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11AI.8190

Amount of Each Receipt this Period
 500.00
 contribution

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

Mailing Address 119 Gamma Drive

City Pittsburgh State PA Zip Code 15238

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

Name of Employer self-employed Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.8168

Amount of Each Receipt this Period
 1000.00
 contribution

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

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

4100.00

**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 105 |
| | <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 Hawkins

Mailing Address 2604 N Nelson Street

City: Arlington State: VA Zip Code: 22207

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

Name of Employer: Alpine Group Occupation: Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 27 / 2014

Transaction ID : SA11AI.8128

Amount of Each Receipt this Period: 1000.00 contribution

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

Mailing Address 5120 Holywood Road

City: Pittsburgh State: PA Zip Code: 15213

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 04 / 2014

Transaction ID : SA11AI.8155

Amount of Each Receipt this Period: 1000.00 contribution

C. Full Name (Last, First, Middle Initial)
Mariann Holzworth

Mailing Address 48 High Oak Farm Lane

City: Pulaski State: PA Zip Code: 16143

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

Name of Employer: Penn Ohio Rehab Occupation: Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1100.00

Date of Receipt: 05 / 19 / 2014

Transaction ID : SA11AI.7998

Amount of Each Receipt this Period: 500.00 contribution

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 105 |
| | <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)
Eric Hunter

Mailing Address 5210 Golden Run Lane

City Hermitage State PA Zip Code 16148

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

Name of Employer Hudson Group Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11A1.7957

Amount of Each Receipt this Period
 contribution 500.00

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

Mailing Address 1600 N Oak Street

City Arlington State VA Zip Code 22209

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

Name of Employer Roberti and White LLC Occupation Consulting

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11A1.7604

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Robert Jazwinski

Mailing Address 3534 Mt. Hickory Blvd

City Hermitage State PA Zip Code 16148

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

Name of Employer JFS Wealth Advisors Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11A1.8206

Amount of Each Receipt this Period
 contribution 1000.00

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 105 |
| | <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)
Sally Jazwinski

Mailing Address 3545 Mount Hickory Boulevard

City Hermitage State PA Zip Code 16148

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
672.04

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

Transaction ID : SA11AI.8212

Amount of Each Receipt this Period
672.04

In-kind - Fundraising expense/food and beverage

B. Full Name (Last, First, Middle Initial)
Myron Jones

Mailing Address 114 Bay Mist Drive

City Erie State PA Zip Code 16505

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.8089

Amount of Each Receipt this Period
500.00

contribution

C. Full Name (Last, First, Middle Initial)
Stephen Katich

Mailing Address 134 Victoria Drive

City White Oak State PA Zip Code 15131

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

Name of Employer Har-Kel Inc. Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.8065

Amount of Each Receipt this Period
500.00

contribution

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

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

1672.04

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 105 |
| | <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)
Richard Kessler

Mailing Address 816 Polo Place

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
Kessler & Associates Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11AI.8281

Amount of Each Receipt this Period
500.00
contribution

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

Mailing Address 7009 Arbor Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Thomas Capitol Partners President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.8209

Amount of Each Receipt this Period
1500.00
In-kind - Fundraising/food and beverage

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

Mailing Address 7009 Arbor Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Thomas Capitol Partners President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11AI.8269

Amount of Each Receipt this Period
500.00
contribution

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 105 |
| | <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)
D. Scott Kroh

Mailing Address 809 Weldon St

City State Zip Code
Latrobe PA 15650

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

Name of Employer Robindale Energy Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.8153

Amount of Each Receipt this Period
 1000.00
 contribution

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

Mailing Address 4174 Four Seasons Trail

City State Zip Code
Erie PA 16506

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.8007

Amount of Each Receipt this Period
 100.00
 contribution

C. Full Name (Last, First, Middle Initial)
John Lechner

Mailing Address 440 South Neshannock Road

City State Zip Code
Hermitage PA 16148

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

Name of Employer Mercer County Occupation County Commissioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.7997

Amount of Each Receipt this Period
 500.00
 contribution

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

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

1600.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 23 OF 105 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
MIKE KELLY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Lillis

Mailing Address 100 State Street

City Erie State PA Zip Code 16507

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

Name of Employer Lillis & McKibben et al Occupation Financial Representative

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.8008

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
Robert Liptak Jr.

Mailing Address 675 Buhl Boulevard

City Sharon State PA Zip Code 16146

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7989

Amount of Each Receipt this Period
 contribution 500.00

C. Full Name (Last, First, Middle Initial)
James Madigan

Mailing Address 4 Oakhurst Road

City Butler State PA Zip Code 16001

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

Name of Employer Self Employed Occupation Orthodontist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.8202

Amount of Each Receipt this Period
 contribution 250.00

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

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

1250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 105 |
| | <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 McBrier

Mailing Address 1929 South Shore Drive

City Erie State PA Zip Code 16505

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

Name of Employer McBrier Companies Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11A1.7971

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
Kimberly McCormick

Mailing Address South Shore Drive

City Erie State PA Zip Code 16505

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11A1.8210

Amount of Each Receipt this Period
 In-kind - Fundraising/food and beverage 775.55

C. Full Name (Last, First, Middle Initial)
Desmond McDonald

Mailing Address 2004 S. Shore Drive

City Erie State PA Zip Code 16505

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

Name of Employer MVS Saegertown Manufacturing Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11A1.8040

Amount of Each Receipt this Period
 contribution 500.00

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

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

1775.55

**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 105 |
| | <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)
Richard L. McNeel

Mailing Address 32415 Archdale

City Chapel Hill State NC Zip Code 27517

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

Name of Employer Lord Corp Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.8036

Amount of Each Receipt this Period
 500.00
 contribution

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

Mailing Address 4170 Commodore Drive

City Erie State PA Zip Code 16505

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

Name of Employer ERIEZ Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7962

Amount of Each Receipt this Period
 500.00
 contribution

C. Full Name (Last, First, Middle Initial)
Barbara Miller

Mailing Address 2120 South Shore Drive

City Erie State PA Zip Code 16505

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.8038

Amount of Each Receipt this Period
 500.00
 contribution

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

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

1500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 105 |
| | <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)
David Miller

Mailing Address 2032 Miller Drive

City State Zip Code
Jamestown PA 16134

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

Name of Employer Occupation
Thiel College Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.8054

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
Joseph Murawski

Mailing Address 144 S. Broad Street

City State Zip Code
Grove City PA 16127

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

Name of Employer Occupation
Joden World Resources Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.8049

Amount of Each Receipt this Period
 contribution 500.00

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

Mailing Address 6900 Pinegate Road

City State Zip Code
Fairview PA 16415

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

Name of Employer Occupation
Waldameer Park Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7963

Amount of Each Receipt this Period
 contribution 500.00

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 27 OF 105 |
| | <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 Nelson

Mailing Address 537 E. 36th Street

City Erie State PA Zip Code 16504

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

Name of Employer Fisher Securities Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7958

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

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

Mailing Address 849 N Franklin Street

City Chicago State IL Zip Code 60606

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.7951

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

C. Full Name (Last, First, Middle Initial)
Tuyetnga Nguyen

Mailing Address 14912 Finegan Farm Drive

City Darnstown State MD Zip Code 20874

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

Name of Employer Hiring Incentives Inc. Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.8531

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

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 105 |
| | <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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Gregory S Nickerson | | Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2014 |
| Mailing Address 11215 Marwood Hill Drvie | | Transaction ID : SA11AI.7941 |
| City State Zip Code Potomac MD 20854 | Amount of Each Receipt this Period Contribution 1000.00 | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Angun and Nickerson Partner | Amount of Each Receipt this Period Contribution 1000.00 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Stephen Northrup | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014 |
| Mailing Address 5235 Elliott Road | | Transaction ID : SA11AI.8272 |
| City State Zip Code Bethesda MD 20816 | Amount of Each Receipt this Period contribution 1000.00 | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Rampy Northrup LLC Partner | Amount of Each Receipt this Period contribution 1000.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Nancy A. Nugent | | Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014 |
| Mailing Address 941 East State Street | | Transaction ID : SA11AI.8137 |
| City State Zip Code Sharon PA 16146 | Amount of Each Receipt this Period contribution 500.00 | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Nugent Convalescent Homes Owner | Amount of Each Receipt this Period contribution 2000.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| 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 29 OF 105 |
| | <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)
Paul O'Brien

Mailing Address 1612 State Route 7 NE

City Brookfield State OH Zip Code 44403

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

Name of Employer self-employed Occupation contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.8207

Amount of Each Receipt this Period
 500.00
 contribution

B. Full Name (Last, First, Middle Initial)
David O'Malley

Mailing Address 7251 Beech Road

City Ambler State PA Zip Code 19002

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

Name of Employer Penn Mutual Life Insurance Occupation Chief Operating Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.7606

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Mary Pellegrino

Mailing Address 5437 Cherry Street

City Erie State PA Zip Code 16509

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.7966

Amount of Each Receipt this Period
 500.00
 contribution

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

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

2000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 105 |
| | <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)
Jean Craige Pepper

Mailing Address 4851 Wolf Road

City Erie State PA Zip Code 16505

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

Name of Employer Merrill Lynch Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11AI.8197

Amount of Each Receipt this Period
 contribution 500.00

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

Mailing Address 8340 Peach Street

City Erie State PA Zip Code 16508

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

Name of Employer Bianchi Honda Occupation Automobile Dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.8084

Amount of Each Receipt this Period
 contribution 500.00

C. Full Name (Last, First, Middle Initial)
Robert Power Jr.

Mailing Address 346 Edgewood Drive

City Meadville State PA Zip Code 16335

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

Name of Employer Magill Power Bell Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.7980

Amount of Each Receipt this Period
 contribution 1100.00

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

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

2100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 105 |
| | <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 Powers

Mailing Address 1304 Warrington Place

City Alexandria State VA Zip Code 22307

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

Name of Employer Nuclear Energy Institute Occupation Lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.8264

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
Robert Preston

Mailing Address 222 Chippewa Drive

City New Castle State PA Zip Code 16105

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

Name of Employer Self Employed Occupation Auto Dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.8530

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Coy Price

Mailing Address 31 Hadley Road

City Greenfille State PA Zip Code 16125

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

Name of Employer Lakeland Chyrsler Dodge Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7983

Amount of Each Receipt this Period
 contribution 250.00

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 105 |
| | <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)
Albert Puntureri

Mailing Address 2797 Freedland Road

City State Zip Code
Hermitage PA 16148

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

Name of Employer Occupation
Interstate Chemical Co CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7982

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
Charles Queenan

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
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.8072

Amount of Each Receipt this Period
 contribution 1000.00

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

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
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.8142

Amount of Each Receipt this Period
 contribution 2000.00

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

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

3500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 105 |
| | <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)
Donald Richwine

Mailing Address 447 W Arlington Road

City Erie State PA Zip Code 16509

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

Name of Employer Precision Profiles Occupation President/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.8006

Amount of Each Receipt this Period
 500.00
 contribution

B. Full Name (Last, First, Middle Initial)
Vincent Ridikas

Mailing Address 5080 Saybrook Place

City Erie State PA Zip Code 16505

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

Name of Employer Compass Investments Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.8041

Amount of Each Receipt this Period
 200.00
 contribution

C. Full Name (Last, First, Middle Initial)
James Roddey

Mailing Address 1413 Oak Street

City Oakmont State PA Zip Code 15139

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

Name of Employer McCrory & McDowell Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.8073

Amount of Each Receipt this Period
 1000.00
 contribution

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 34 OF 105 |
| | <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

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Sharon Rooney | | Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014 | |
| Mailing Address 5320 W.38th Street | | Transaction ID : SA11AI.8087 | |
| City Erie | State PA | Zip Code 16506 | Amount of Each Receipt this Period _____ 500.00 contribution |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 2000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Cheryl Rose | | Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014 | |
| Mailing Address 511 Anderwood Drive | | Transaction ID : SA11AI.8082 | |
| City Hermitage | State PA | Zip Code 16148 | Amount of Each Receipt this Period _____ 400.00 contribution |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer McAllen Capital Partners | Occupation Investor | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 400.00 | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) C. Clifford Rowe | | Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014 | |
| Mailing Address 707 Amberson Avenue | | Transaction ID : SA11AI.8149 | |
| City Pittsburgh | State PA | Zip Code 15232 | Amount of Each Receipt this Period _____ 1000.00 contribution |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer Trumbull Corp | Occupation Contractor | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 1000.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 1900.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

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

FOR LINE NUMBER: PAGE 35 OF 105
(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)
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 & Manufacturi Occupation General Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7959

Amount of Each Receipt this Period
 _____ 500.00
 contribution

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

Mailing Address 6336 Red Pine Lane

City Erie State PA Zip Code 16506

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11AI.8191

Amount of Each Receipt this Period
 _____ 250.00
 contribution

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

Mailing Address 79 Quaker Hollow Road

City Sewickley State PA Zip Code 15143

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.8074

Amount of Each Receipt this Period
 _____ 1000.00
 contribution

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

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

_____ 1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 105 |
| | <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)
Merrill Stabile

Mailing Address 501 Martindale Street

City Pittsburgh State PA Zip Code 15212

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

Name of Employer ALCO Parking Corp Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.8145

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
Peter Stephans

Mailing Address 601 Trotwood Circle

City Pittsburgh State PA Zip Code 15241

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

Name of Employer Trigon Holding Inc Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.8143

Amount of Each Receipt this Period
 1000.00
 contribution

C. Full Name (Last, First, Middle Initial)
Susan Stevenson

Mailing Address 512 West Main St

City Grove City State PA Zip Code 16127

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

Name of Employer American Airlines Occupation Flight Attendant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.8004

Amount of Each Receipt this Period
 500.00
 contribution

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

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

2500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 105 |
| | <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)
Roger Taft

Mailing Address 4724 Wolf Road

City Erie State PA Zip Code 16505

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

Name of Employer McDonald, King, et al Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.7970

Amount of Each Receipt this Period
 500.00
 contribution

B. Full Name (Last, First, Middle Initial)
Christine Toretto

Mailing Address 2428 Oak Drive

City Indiana State PA Zip Code 15701

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

Name of Employer Palladio LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.8151

Amount of Each Receipt this Period
 1000.00
 contribution

C. Full Name (Last, First, Middle Initial)
Robert Wagner

Mailing Address 401 Bay Mist Drive

City Erie State PA Zip Code 16505

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

Name of Employer Self Employed Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.8018

Amount of Each Receipt this Period
 100.00
 contribution

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 1600.00 |
| TOTAL This Period (last page this line number only)..... | 68297.59 |

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

| | | | | | |
|---|-----------------------------------|----------------------------------|---|---------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 105 | | | |
| | <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)
3M COMPANY PAC

Mailing Address 3M CENTER BUILDING 224-6S-03

City ST. PAUL State MN Zip Code 55144

FEC ID number of contributing federal political committee. **C C00084475**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11C.8275

Amount of Each Receipt this Period
1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION COMMITT

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00104901**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

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

Transaction ID : SA11C.7882

Amount of Each Receipt this Period
1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
ALPHA NATURAL RESOURCES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1301 PENNSYLVANIA AVE., NW SUITE 404

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00348524**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11C.8225

Amount of Each Receipt this Period
1000.00
 contribution

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 105 |
| | <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. POLITICAL ACTION COMMITTEE (ALTRIAPAC)

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11C.8122

Amount of Each Receipt this Period
 2000.00
 contribution

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Mailing Address 401 C ST NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00435933

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.7876

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (HOMECARE PAC)

Mailing Address 1707 L STREET, NW
SUITE 350

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00357129

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11C.8069

Amount of Each Receipt this Period
 2500.00
 contribution

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 40 OF 105 |
| | <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 CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address **2400 N ST NW**

City **WASHINGTON** State **DC** Zip Code **20037**

FEC ID number of contributing federal political committee. **C C00375360**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11C.8226

Amount of Each Receipt this Period
1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1891 PRESTON WHITE DRIVE**

City **RESTON** State **VA** Zip Code **20191**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **9000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11C.8276

Amount of Each Receipt this Period
1000.00
 contribution

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC

Mailing Address **20 F ST NW, STE 1000**
ATTN: SARA MORSE

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

FEC ID number of contributing federal political committee. **C C00382424**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11C.8293

Amount of Each Receipt this Period
2500.00
 contribution

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

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

4500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 105 |
| | <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 COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1015 15TH ST. NW
SUITE 802

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11C.8221

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address PALLADIAN 1
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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11C.8231

Amount of Each Receipt this Period
 1000.00
 contribution

C. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C70001847

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : SA11C.7609

Amount of Each Receipt this Period
 5000.00
 Contribution

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 42 OF 105 |
| <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

Full Name (Last, First, Middle Initial)
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE

A. Mailing Address 1090 VERMONT AVE., NW
SUITE 500

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11C.8104

Amount of Each Receipt this Period
contribution 1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN PSYCHOLOGICAL ASSOCIATION PRACTICE ORGANIZATION POLITICAL ACTION COMMITTEE (APAPO)

Mailing Address PO BOX 65353

City State Zip Code
WASHINGTON DC 20035

FEC ID number of contributing federal political committee. **C** C00522094

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.8184

Amount of Each Receipt this Period
contribution 1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

Mailing Address 8280 WILLOW OAKS CORPORATE DRIVE
SUITE 500

City State Zip Code
FAIRFAX VA 22031

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11C.8118

Amount of Each Receipt this Period
contribution 2500.00

SUBTOTAL of Receipts This Page (optional)..... 4500.00

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 105 |
| | <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)
ARDA-ROC

Mailing Address 1201 15TH STREET NW SUITE 400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C90014036

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11C.8022

Amount of Each Receipt this Period
 3000.00
 contribution

B. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS

Mailing Address 1300 NORTH 17TH STREET SUITE 800

City ROSSLYN State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C70003355

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11C.7943

Amount of Each Receipt this Period
 2500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET SUITE 2701

City DALLAS State TX Zip Code 75202

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11C.7931

Amount of Each Receipt this Period
 1000.00
 Contribution

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

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

6500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 105 |
| | <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)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET
SUITE 2701

City DALLAS State TX Zip Code 75202

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11C.8241

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 PRINCE STREET
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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11C.7936

Amount of Each Receipt this Period
 5000.00
 Contribution

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

Mailing Address PO BOX 34676

City WASHINGTON State DC Zip Code 20043

FEC ID number of contributing federal political committee. **C** C00368480

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11C.8244

Amount of Each Receipt this Period
 500.00
 contribution

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

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

6500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 105 |
| | <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)
BLUE PAC

Mailing Address **PO BOX 34676**

City **WASHINGTON** State **DC** Zip Code **20043**

FEC ID number of contributing federal political committee. **C C00368480**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11C.8278

Amount of Each Receipt this Period
500.00
 contribution

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

Mailing Address **P.O. BOX 961039**

City **FORT WORTH** State **TX** Zip Code **76161**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.7874

Amount of Each Receipt this Period
2000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
BURGER KING FRANCHISEE PAC

Mailing Address **1701 BARRETT LAKES BLVD. NW
SUITE 180**

City **KENNESAW** State **GA** Zip Code **30144**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.8204

Amount of Each Receipt this Period
1000.00
 contribution

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

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

3500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 105 |
| | <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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. CHESAPEAKE ENERGY CORPORATION FED-PAC | | Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address PO BOX 18496 | | Transaction ID : SA11C.8024 |
| City State Zip Code OKLAHOMA CITY OK 73154 | Amount of Each Receipt this Period 4000.00 contribution | |
| FEC ID number of contributing federal political committee. C C00389288 | Name of Employer Occupation C00389288 | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 10000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. COMMONWEALTH-ALTADIS, INC. EMPLOYEE PAC | | Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014 |
| Mailing Address 5900 N ANDREWS AVE SUITE 1100 | | Transaction ID : SA11C.8100 |
| City State Zip Code FORT LAUDERDALE FL 33309 | Amount of Each Receipt this Period 1000.00 contribution | |
| FEC ID number of contributing federal political committee. C C00455600 | Name of Employer Occupation | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. COMMUNITY ACTION PROGRAM - POLITICAL ACTION COMMITTEE (CAP-PAC) | | Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014 |
| Mailing Address 1 MASSACHUSETTS AVENUE, NW SUITE 310 | | Transaction ID : SA11C.8023 |
| City State Zip Code WASHINGTON DC 20001 | Amount of Each Receipt this Period 1000.00 contribution | |
| FEC ID number of contributing federal political committee. C C00163048 | Name of Employer Occupation | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6000.00 |
| TOTAL This Period (last page this line number only)..... | [] |

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

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

FOR LINE NUMBER: PAGE 47 OF 105
(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

Full Name (Last, First, Middle Initial)
CONSTRUCTORS ASSOCIATION OF WESTERN PENNSYLVANIA POLITICAL ACTION COMMITTEE

A. Mailing Address 1201 BANKSVILLE ROAD

City State Zip Code
PITTSBURGH PA 15216

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11C.8164

Amount of Each Receipt this Period
 1000.00
 contribution

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

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11C.8116

Amount of Each Receipt this Period
 2000.00
 contribution

C. Full Name (Last, First, Middle Initial)
DOLLAR SAVINGS BANK POLITICAL ACTION COMMITTEE (DOLPAC)

Mailing Address THREE GATEWAY CENTER
9 WEST

City State Zip Code
PITTSBURGH PA 15222

FEC ID number of contributing federal political committee. **C C00151563**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11C.8252

Amount of Each Receipt this Period
 500.00
 contribution

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 105 |
| | <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)
DUANE MORRIS GOVERNMENT COMMITTEE

Mailing Address 30 SOUTH 17TH STREET

City State Zip Code
PHILADELPHIA PA 19103

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11C.8289

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
EAT'N PARK RESTAURANTS INC POLITICAL ACTION COMMITTEE

Mailing Address 285 EAST WATERFRONT DRIVE

City State Zip Code
HOMESTEAD PA 15120

FEC ID number of contributing federal political committee. **C** C00251132

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11C.8162

Amount of Each Receipt this Period
 1000.00
 contribution

C. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code
FALLS CHURCH VA 22042

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.7880

Amount of Each Receipt this Period
 1000.00
 Contribution

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 105 |
| | <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)
ENERGY TRANSFER EMPLOYEE MANAGEMENT COMPANY PAC (ENERGY TRANSFER PAC)

Mailing Address 400 W. 15TH ST.
SUITE 720

City AUSTIN State TX Zip Code 78701

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11C.8025

Amount of Each Receipt this Period
 2500.00
 contribution

B. Full Name (Last, First, Middle Initial)
EQUIFAX INC. POLITICAL ACTION COMMITTEE

Mailing Address 1550 PEACHTREE STREET NW

City ATLANTA State GA Zip Code 30309

FEC ID number of contributing federal political committee. **C** C00143867

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11C.7954

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
ERNST & YOUNG POLITICAL ACTION COMMITTEE

Mailing Address 1101 NEW YORK AVENUE, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11C.8117

Amount of Each Receipt this Period
 2500.00
 contribution

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

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

6000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 105 |
| | <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)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address PO BOX 20503

City INDIANAPOLIS State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 9500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.8171

Amount of Each Receipt this Period
 5000.00
 contribution

B. Full Name (Last, First, Middle Initial)
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURAN

Mailing Address 2350 KERNER BLVD., SUITE 250

City SAN RAFAEL State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C** C00135681

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11C.8106

Amount of Each Receipt this Period
 1500.00
 contribution

C. Full Name (Last, First, Middle Initial)
FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11C.7927

Amount of Each Receipt this Period
 1000.00
 Contribution

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: PAGE 51 OF 105
(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)
FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C C00068692**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11C.8279

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
FIRSTENERGY CORP. POLITICAL ACTION COMMITTEE

Mailing Address 76 SOUTH MAIN STREET

City AKRON State OH Zip Code 44308

FEC ID number of contributing federal political committee. **C C00140855**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11C.8108

Amount of Each Receipt this Period
 2500.00
 contribution

C. Full Name (Last, First, Middle Initial)
GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11C.8031

Amount of Each Receipt this Period
 1000.00
 contribution

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

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

4500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 105 |
| | <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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. GLOVER PARK GROUP LLC PAC (GLOVER PARK GROUP PAC) | | Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014 |
| Mailing Address 700 13TH STREET, NW SUITE 600 | | Transaction ID : SA11C.8219 |
| City WASHINGTON State DC Zip Code 20005 | Amount of Each Receipt this Period 500.00 contribution | |
| FEC ID number of contributing federal political committee. C C00466094 | Name of Employer Occupation | Amount of Each Receipt this Period 500.00 contribution |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. HEWLETT-PACKARD COMPANY PAC | | Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2014 |
| Mailing Address 3000 HANOVER STREET MS 1035 | | Transaction ID : SA11C.8287 |
| City PALO ALTO State CA Zip Code 94304 | Amount of Each Receipt this Period 1000.00 contribution | |
| FEC ID number of contributing federal political committee. C C00196725 | Name of Employer Occupation | Amount of Each Receipt this Period 1000.00 contribution |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. HIGHMARK HEALTH PAC OF HIGHMARK INC. | | Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2014 |
| Mailing Address 1800 CENTER STREET | | Transaction ID : SA11C.8284 |
| City CAMP HILL State PA Zip Code 17089 | Amount of Each Receipt this Period 500.00 contribution | |
| FEC ID number of contributing federal political committee. C C00302844 | Name of Employer Occupation | Amount of Each Receipt this Period 500.00 contribution |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2250.00 | |

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 105 |
| | <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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

Mailing Address 1800 CENTER STREET

City State Zip Code
CAMP HILL PA 17089

FEC ID number of contributing federal political committee. **C C00302844**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11C.8285

Amount of Each Receipt this Period
 contribution 500.00

B. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7055.83

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

Transaction ID : SA11C.8161

Amount of Each Receipt this Period
 contribution 1000.00

C. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1615 L STREET, NW
SUITE 900

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11C.8172

Amount of Each Receipt this Period
 contribution 1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 54 OF 105
(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

Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

A. Mailing Address 20 F STREET, NW SUITE 610

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11C.8110

Amount of Each Receipt this Period
 1000.00
 contribution

Full Name (Last, First, Middle Initial)
INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSC PAC)

B. Mailing Address 555 12TH STREET, NW SUITE 660

City State Zip Code
WASHINGTON DC 20004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : SA11C.7611

Amount of Each Receipt this Period
 1000.00
 Contribution

Full Name (Last, First, Middle Initial)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

C. Mailing Address 1501 K STREET NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

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

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

Transaction ID : SA11C.8304

Amount of Each Receipt this Period
 2500.00
 contribution

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

4500.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 105
(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)
INVACARE CORPORATION POLITICAL ACTION COMMITTEE AKA INVA PAC

Mailing Address **ONE INVACARE WAY**

City **ELYRIA** State **OH** Zip Code **44035**

FEC ID number of contributing federal political committee. **C C00249896**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11C.8057

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

Election Cycle-to-Date
 contribution **1000.00**

B. Full Name (Last, First, Middle Initial)
J P MORGAN CHASE BANK N A

Mailing Address **10 S DEARBORN STREET IL1-0520**

City **CHICAGO** State **IL** Zip Code **60603**

FEC ID number of contributing federal political committee. **C C70005343**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11C.8527

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

Election Cycle-to-Date
 contribution **3000.00**

C. Full Name (Last, First, Middle Initial)
KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC

Mailing Address **1801 K STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11C.8126

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

Election Cycle-to-Date
 contribution **7000.00**

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

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

4000.00

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 56 OF 105 | | | |
| | <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| | 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
MIKE KELLY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 2121 CRYSTAL DRIVE
SUITE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11C.8020

Amount of Each Receipt this Period
1000.00
contribution

B. Full Name (Last, First, Middle Initial)
LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1000 LOWE'S BOULEVARD

City MOORESVILLE State NC Zip Code 28117

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11C.7619

Amount of Each Receipt this Period
2000.00
Contribution

C. Full Name (Last, First, Middle Initial)
MCAPITOL MANAGEMENT / MWH AMERICAS PAC

Mailing Address 380 INTERLOCKEN CRESCENT
SUITE 200

City BROOMFIELD State CO Zip Code 80021

FEC ID number of contributing federal political committee. **C** C00242370

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11C.8521

Amount of Each Receipt this Period
1000.00
contribution

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

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

4000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 105 |
| | <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)
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36TH WAY
BOX 97017

City REDMOND State WA Zip Code 98073

FEC ID number of contributing federal political committee. **C C00227546**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.8308

Amount of Each Receipt this Period
 contribution 2500.00

Election Cycle-to-Date
 contribution 2500.00

B. Full Name (Last, First, Middle Initial)
NAIOP-PAC

Mailing Address 2201 COOPERATIVE WAY 3RD FLOOR

City HERNDON State VA Zip Code 20171

FEC ID number of contributing federal political committee. **C C00233304**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.8158

Amount of Each Receipt this Period
 contribution 1000.00

Election Cycle-to-Date
 contribution 1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASPHALT PAVEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (NAPA-PAC)

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 600 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00444539**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.8178

Amount of Each Receipt this Period
 contribution 1000.00

Election Cycle-to-Date
 contribution 1000.00

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

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

4500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 105 |
| | <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 ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

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 C00005249

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.7883

Amount of Each Receipt this Period
 Contribution 1000.00

8500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11C.8123

Amount of Each Receipt this Period
 contribution 2500.00

8500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11C.8286

Amount of Each Receipt this Period
 contribution 1500.00

10000.00

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

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

5000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 105 |
| | <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 CONFECTIONERS ASSOCIATION OF THE UNITED STATES, INC. POLITICAL ACTION COMMITTEE (

Mailing Address 1101 30TH STREET NW, SUITE 200

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00003855

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11C.8223

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11C.7932

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11C.8102

Amount of Each Receipt this Period
 2000.00
 contribution

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

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

4000.00

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

| | | | |
|---|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 60 OF 105 |
| <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 FUEL GAS FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 6363 MAIN STREET

City WILLIAMSVILLE State NY Zip Code 14221

FEC ID number of contributing federal political committee. **C C00083758**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4450.00

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

Transaction ID : SA11C.8175

Amount of Each Receipt this Period
contribution 500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M STREET, 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

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

Transaction ID : SA11C.8185

Amount of Each Receipt this Period
contribution 2500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11C.8130

Amount of Each Receipt this Period
contribution 1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 61 OF 105
(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

Full Name (Last, First, Middle Initial)
PHILIPS ELECTRONICS NORTH AMERICA CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE

A. Mailing Address 1050 K STREET, NW
SUITE 900

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00239780**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11C.8059

Amount of Each Receipt this Period
500.00
contribution

Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

B. Mailing Address 317 MASSACHUSETTS AVENUE, NE
1ST FLOOR

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11C.8124

Amount of Each Receipt this Period
1500.00
contribution

Full Name (Last, First, Middle Initial)
PRIDE MOBILITY PRODUCTS CORP PAC

C. Mailing Address 182 SUSQUEHANNA AVE

City State Zip Code
EXETER PA 18643

FEC ID number of contributing federal political committee. **C C00388132**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11C.8063

Amount of Each Receipt this Period
2500.00
contribution

SUBTOTAL of Receipts This Page (optional)..... 4500.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 105
(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)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 WILSON BLVD
SUITE 1500

City ARLINGTON State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11C.8105

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
RETAIL INDUSTRY LEADERS ASSOCIATION POLITICAL ACTION COMMITTEE AKA RETAIL LEADERS PAC

Mailing Address 1700 N. MOORE STREET
SUITE 2250

City ARLINGTON State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11C.8238

Amount of Each Receipt this Period
 1000.00
 contribution

C. Full Name (Last, First, Middle Initial)
SANOPI PASTEUR POLITICAL ACTION COMMITTEE

Mailing Address DISCOVERY DRIVE

City SWIFTWATER State PA Zip Code 18370

FEC ID number of contributing federal political committee. **C C00215236**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11C.8242

Amount of Each Receipt this Period
 1000.00
 contribution

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

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

3000.00

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

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|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 105 |
| | <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)
SOCIETY OF AMERICAN FLORISTS POLITICAL ACTION COMMITTEE

Mailing Address 1601 DUKE STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00111302

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11C.7926

Amount of Each Receipt this Period
 Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
SPECTRA ENERGY CORP POLITICAL ACTION COMMITTEE (SPECTRA-DCP PAC)

Mailing Address 5400 WESTHEIMER COURT

City State Zip Code
HOUSTON TX 77056

FEC ID number of contributing federal political committee. **C** C00429662

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11C.8228

Amount of Each Receipt this Period
 contribution 1000.00

C. Full Name (Last, First, Middle Initial)
THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 1 COCA-COLA PLAZA NW

City State Zip Code
ATLANTA GA 30313

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2014

Transaction ID : SA11C.7937

Amount of Each Receipt this Period
 Contribution 1000.00

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 105 |
| | <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

Full Name (Last, First, Middle Initial)
THE GOODYEAR TIRE & RUBBER COMPANY GOOD GOVERNMENT FUND (GOODYEAR GOOD GOVERNMENT FUND)

A. Mailing Address 200 INNOVATION WAY

City State Zip Code
AKRON OH 44316

FEC ID number of contributing federal political committee. **C** C00100131

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

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

Transaction ID : SA11C.8182

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET, NW SUITE 400

City State Zip Code
WASHINGTON DC 20004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11C.8243

Amount of Each Receipt this Period
 2000.00
 contribution

C. Full Name (Last, First, Middle Initial)
TYCO INTERNATIONAL MANAGEMENT COMPANY EMPLOYEES POLITICAL ACTION COMMITTEE (TYCO EMPLOYEES)

Mailing Address 9 ROSZEL ROAD

City State Zip Code
PRINCETON NJ 08540

FEC ID number of contributing federal political committee. **C** C00113753

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11C.8026

Amount of Each Receipt this Period
 1500.00
 contribution

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

4500.00

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 105 |
| | <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)
UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 400 ATLANTIC STREET
C/O PER DYRVIK

City STAMFORD State CT Zip Code 06901

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.7892

Amount of Each Receipt this Period
Contribution 2500.00

B. Full Name (Last, First, Middle Initial)
UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 400 ATLANTIC STREET
C/O PER DYRVIK

City STAMFORD State CT Zip Code 06901

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11C.8115

Amount of Each Receipt this Period
contribution 2500.00

C. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES)

Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.8310

Amount of Each Receipt this Period
contribution 1000.00

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

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

6000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 105 |
| | <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)
VGM MANAGEMENT LTD PAC (VGMPAC)

Mailing Address 1111 W. SAN MARNAN DR.

City WATERLOO State IA Zip Code 50701

FEC ID number of contributing federal political committee. **C** C00402545

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11C.8061

Amount of Each Receipt this Period
 1000.00
 contribution

B. Full Name (Last, First, Middle Initial)
VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1501 M STREET SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11C.8291

Amount of Each Receipt this Period
 1000.00
 contribution

C. Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8TH STREET

City BENTONVILLE State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11C.8229

Amount of Each Receipt this Period
 1000.00
 contribution

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 105 |
| | <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)
ZENECA INC. POLITICAL ACTION COMMITTEE

Mailing Address **C/O ZENECA INC.**
1800 CONCORD PIKE, PO BOX 15437

City **WILMINGTON** State **DE** Zip Code **19850**

FEC ID number of contributing federal political committee. **C C00279455**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
4000.00

Date of Receipt
 / /

Transaction ID : SA11C.8306

Amount of Each Receipt this Period

 contribution

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

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

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 68 OF 105 | | | |
| | <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) A. Acme | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014 |
| Mailing Address 116 W. Streetboro Street | | Amount of Each Disbursement this Period 147.00 Transaction ID : SB17.8445 |
| City Hudson State OH Zip Code 44236 | Purpose of Disbursement postage | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Acme | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014 |
| Mailing Address 116 W. Streetboro Street | | Amount of Each Disbursement this Period 25.19 Transaction ID : SB17.8460 |
| City Hudson State OH Zip Code 44236 | Purpose of Disbursement postage | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Acme | | Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014 |
| Mailing Address 116 W. Streetboro Street | | Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.8476 |
| City Hudson State OH Zip Code 44236 | Purpose of Disbursement office supplies | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 182.14 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 OF 105 | | | |
| | <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) A. Acme | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014 |
| Mailing Address 116 W. Streetboro Street | | | Amount of Each Disbursement this Period 11.60 Transaction ID : SB17.8477 |
| City Hudson | State OH | Zip Code 44236 | |
| Purpose of Disbursement postage | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial) B. Acqua AI2 | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014 |
| Mailing Address 212 7th Street SE | | | Amount of Each Disbursement this Period 1247.75 Transaction ID : SB17.8313 |
| City Washington | State DC | Zip Code 20003 | |
| Purpose of Disbursement Fundraising expense-catering | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Alink Printing | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014 |
| Mailing Address 3189 Washington Pike | | | Amount of Each Disbursement this Period 380.91 Transaction ID : SB17.8395 |
| City Bridgeville | State PA | Zip Code 15017 | |
| Purpose of Disbursement Fundraising-Printing/invitations | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1640.26 |
| 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 70 OF 105 | | | |
| | <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) A. Bellwether Consulting Group | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014 |
| Mailing Address 1100 G. Street NW Suite 800 | | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.8422 |
| City Washington | State DC | Zip Code 20005 | |
| Purpose of Disbursement Fundraising consulting | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Bellwether Consulting Group | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014 |
| Mailing Address 1100 G. Street NW Suite 800 | | | Amount of Each Disbursement this Period 170.34 Transaction ID : SB17.8440 |
| City Washington | State DC | Zip Code 20005 | |
| Purpose of Disbursement see memos | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

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|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) c. Bellwether Consulting Group | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014 |
| Mailing Address 1100 G. Street NW Suite 800 | | | Amount of Each Disbursement this Period 77.93 Transaction ID : SB17.8440.0 [MEMO ITEM] |
| City Washington | State DC | Zip Code 20005 | |
| Purpose of Disbursement email blast | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2670.34 |
| 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 71 OF 105 | | | |
| | <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) A. Bellwether Consulting Group | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014 |
| Mailing Address 1100 G. Street NW Suite 800 | | | Amount of Each Disbursement this Period 44.13 |
| City Washington | State DC | Zip Code 20005 | |
| Purpose of Disbursement travel reimbursement-transportation | | Category/ Type | Transaction ID : SB17.8440.1 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. Bellwether Consulting Group | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014 |
| Mailing Address 1100 G. Street NW Suite 800 | | | Amount of Each Disbursement this Period 48.28 |
| City Washington | State DC | Zip Code 20005 | |
| Purpose of Disbursement reimbursed expense-postage | | Category/ Type | Transaction ID : SB17.8440.2 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) c. Bellwether Consulting Group | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address 1100 G. Street NW Suite 800 | | | Amount of Each Disbursement this Period 2500.00 |
| City Washington | State DC | Zip Code 20005 | |
| Purpose of Disbursement Fundraising consulting | | Category/ Type | Transaction ID : SB17.8490 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 105 | | | |
| | <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) A. Best Buy #597 | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 6650 Peach Street | | | Amount of Each Disbursement this Period 906.28 Transaction ID : SB17.8337 |
| City Erie | State PA | Zip Code 16509 | |
| Purpose of Disbursement computer expense | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

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|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014 |
| Mailing Address 300 First Street, SE | | | Amount of Each Disbursement this Period 806.57 Transaction ID : SB17.8382 |
| City Washington | State DC | Zip Code 20003 | |
| Purpose of Disbursement Meeting expense-food and beverage | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014 |
| Mailing Address 300 First Street, SE | | | Amount of Each Disbursement this Period 200.94 Transaction ID : SB17.8466 |
| City Washington | State DC | Zip Code 20003 | |
| Purpose of Disbursement meeting expense-food and beverage | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1913.79 |
| 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 73 OF 105 | |
| | <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) A. Capitol Hill Club | | Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014 |
| Mailing Address 300 First Street, SE | | Amount of Each Disbursement this Period 278.11 Transaction ID : SB17.8474 |
| City Washington | State DC Zip Code 20003 | |
| Purpose of Disbursement meeting expense-food and beverage | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Casa Luca | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014 |
| Mailing Address 1099 New York Avenue | | Amount of Each Disbursement this Period 2209.50 Transaction ID : SB17.8321 |
| City Washington | State DC Zip Code 20001 | |
| Purpose of Disbursement Fundraising expense-catering | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) c. Caves Valley Golf Course | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address 2910 Blendon Road | | Amount of Each Disbursement this Period 14679.50 Transaction ID : SB17.8486 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Fundriasing expense-catering/lodging | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 17167.11 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 74 OF 105 | |
| | <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) A. Ann Coleman | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014 |
| Mailing Address 6758 St. Regis Blvd. | | Amount of Each Disbursement this Period 1634.40 |
| City Hudson | State OH Zip Code 44236 | |
| Purpose of Disbursement see memos | | Transaction ID : SB17.8333 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2014 | Category/Type |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ann Coleman | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014 |
| Mailing Address 6758 St. Regis Blvd. | | Amount of Each Disbursement this Period 1500.00 |
| City Hudson | State OH Zip Code 44236 | |
| Purpose of Disbursement Fundraising consulting | | Transaction ID : SB17.8333.0 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2014 | Category/Type |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ann Coleman | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014 |
| Mailing Address 6758 St. Regis Blvd. | | Amount of Each Disbursement this Period 134.40 |
| City Hudson | State OH Zip Code 44236 | |
| Purpose of Disbursement mileage reimbursement | | Transaction ID : SB17.8333.1 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2014 | Category/Type |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1634.40 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 105 | | | |
| | <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) A. Ann Coleman | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014 |
| Mailing Address 6758 St. Regis Blvd. | | Amount of Each Disbursement this Period 1536.11 |
| City Hudson | State OH Zip Code 44236 | |
| Purpose of Disbursement see memos | Candidate Name | Transaction ID : SB17.8419 |
| 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. Ann Coleman | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014 |
| Mailing Address 6758 St. Regis Blvd. | | Amount of Each Disbursement this Period 1500.00 |
| City Hudson | State OH Zip Code 44236 | |
| Purpose of Disbursement Adminstrative consulting | Candidate Name | Transaction ID : SB17.8419.0 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | [MEMO ITEM] |

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. Ann Coleman | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014 |
| Mailing Address 6758 St. Regis Blvd. | | Amount of Each Disbursement this Period 36.11 |
| City Hudson | State OH Zip Code 44236 | |
| Purpose of Disbursement Reimbursement for office supplies | Candidate Name | Transaction ID : SB17.8419.1 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1536.11 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 105 | | | |
| | <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) A. Corner Bakery | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014 |
| Mailing Address 500 Capitol Street | | Amount of Each Disbursement this Period 263.21 |
| City Washington | State DC | |
| Zip Code 20001 | Purpose of Disbursement meeting expense-food and beverage | Transaction ID : SB17.8406 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Cosi Catering | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014 |
| Mailing Address 1501 K Street, NW | | Amount of Each Disbursement this Period 346.08 |
| City Washington | State DC | |
| Zip Code 20005 | Purpose of Disbursement Fundraising expense-catering | Transaction ID : SB17.8404 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Creative Imprints | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014 |
| Mailing Address 2670 W. 11th Street | | Amount of Each Disbursement this Period 884.41 |
| City Erie | State PA | |
| Zip Code 16505 | Purpose of Disbursement Campaign supplies-tshirts | Transaction ID : SB17.8495 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1493.70 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 77 OF 105 | |
| | <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) A. CVS Systems Inc | | Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014 |
| Mailing Address 1139 South Baldwin Ave | | Amount of Each Disbursement this Period 143.06 Transaction ID : SB17.8472 |
| City Marion | State IN Zip Code 46953 | |
| Purpose of Disbursement Flags for veterans | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Doubletree Metropolitan NYC | | Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014 |
| Mailing Address 569 Lexington Avenue | | Amount of Each Disbursement this Period 1006.82 Transaction ID : SB17.8351 |
| City New York | State NY Zip Code 10022 | |
| Purpose of Disbursement travel-lodging | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Carey Dunn Sirianni | | Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014 |
| Mailing Address 77 Stonedale Road | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8400 |
| City Sewickley | State PA Zip Code 15143 | |
| Purpose of Disbursement Fundraising consulting | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1649.88 |
| 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 78 OF 105 | | | |
| | <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) A. Carey Dunn Sirianni | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address 77 Stonedale Road | | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8492 |
| City Sewickley | State PA | Zip Code 15143 | |
| Purpose of Disbursement Fundraising consulting | Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|--|--|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Fairfield Inn Butler | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address 200 Fairfield Lane | | | Amount of Each Disbursement this Period 140.61 Transaction ID : SB17.8360 |
| City Butler | State PA | Zip Code 16001 | |
| Purpose of Disbursement travel-lodging | Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|--|--|-------------------|--|
| Full Name (Last, First, Middle Initial) C. Fairfield Inn Butler | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014 |
| Mailing Address 200 Fairfield Lane | | | Amount of Each Disbursement this Period 140.61 Transaction ID : SB17.8367 |
| City Butler | State PA | Zip Code 16001 | |
| Purpose of Disbursement travel-lodging | Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 781.22 |
| 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 79 OF 105 | | | |
| | <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) A. Fed/Ex Office | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 19095 Perry Highway | | Amount of Each Disbursement this Period 26.24 Transaction ID : SB17.8327 |
| City Mars State PA Zip Code 16048 | Purpose of Disbursement shipping expense | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Fed/Ex Office | | Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014 |
| Mailing Address 19095 Perry Highway | | Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.8346 |
| City Mars State PA Zip Code 16048 | Purpose of Disbursement shipping expense | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Fed/Ex Office | | Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014 |
| Mailing Address 19095 Perry Highway | | Amount of Each Disbursement this Period 240.40 Transaction ID : SB17.8350 |
| City Mars State PA Zip Code 16048 | Purpose of Disbursement shipping | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 306.64 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 80 OF 105 | |
| | <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) A. Fed/Ex Office | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address 19095 Perry Highway | | Amount of Each Disbursement this Period 74.30 |
| City Mars | State PA Zip Code 16048 | |
| Purpose of Disbursement shipping | Candidate Name | Transaction ID : SB17.8364 |
| 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. Fed/Ex Office | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address 19095 Perry Highway | | Amount of Each Disbursement this Period 23.87 |
| City Mars | State PA Zip Code 16048 | |
| Purpose of Disbursement shipping | Candidate Name | Transaction ID : SB17.8402 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. Fed/Ex Office | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014 |
| Mailing Address 19095 Perry Highway | | Amount of Each Disbursement this Period 20.20 |
| City Mars | State PA Zip Code 16048 | |
| Purpose of Disbursement shipping | Candidate Name | Transaction ID : SB17.8504 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 118.37 |
| 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 81 OF 105 | | | |
| | <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) A. FH Group | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014 | | |
| Mailing Address 2320 West 8th Street | | | Amount of Each Disbursement this Period 26.50 | | |
| City Erie | State PA | Zip Code 16505 | Transaction ID : SB17.8397 | | |
| Purpose of Disbursement Website Hosting | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. FH Group | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 | | |
| Mailing Address 2320 West 8th Street | | | Amount of Each Disbursement this Period 26.50 | | |
| City Erie | State PA | Zip Code 16505 | Transaction ID : SB17.8488 | | |
| Purpose of Disbursement website hosting | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Flagship Niagra | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 | | |
| Mailing Address 150 East Front Street | | | Amount of Each Disbursement this Period 240.00 | | |
| City Erie | State PA | Zip Code 16507 | Transaction ID : SB17.8418 | | |
| Purpose of Disbursement Event Tickets | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 293.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 OF 105 | | | |
| | <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) A. Get Go | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014 | |
| Mailing Address 2906 W. 26th Street | | | Amount of Each Disbursement this Period 63.22 | |
| City Erie | State PA | Zip Code 16506 | Transaction ID : SB17.8349 | |
| Purpose of Disbursement travel-fuel | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Get Go | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014 | |
| Mailing Address 2906 W. 26th Street | | | Amount of Each Disbursement this Period 64.50 | |
| City Erie | State PA | Zip Code 16506 | Transaction ID : SB17.8381 | |
| Purpose of Disbursement Travel - Fuel | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Get Go | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014 | |
| Mailing Address 2906 W. 26th Street | | | Amount of Each Disbursement this Period 65.33 | |
| City Erie | State PA | Zip Code 16506 | Transaction ID : SB17.8391 | |
| Purpose of Disbursement travel-fuel | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 193.05 |
| 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 83 OF 105 | |
| | <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) A. Grand Valley Consulting | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014 | |
| Mailing Address 439 New Jersey Avenue, SE | | | Amount of Each Disbursement this Period 650.00 | |
| City Washington | State DC | Zip Code 20003 | Transaction ID : SB17.8389 | |
| Purpose of Disbursement Fundraising Consulting | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Harper Polling | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 | |
| Mailing Address 121 State Street | | | Amount of Each Disbursement this Period 4082.00 | |
| City Harrisburg | State PA | Zip Code 17101 | Transaction ID : SB17.8491 | |
| Purpose of Disbursement Campaign management expense-polling | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Tandy Harrison | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 | |
| Mailing Address 411 Tyler Place | | | Amount of Each Disbursement this Period 789.00 | |
| City Alexandria | State VA | Zip Code 22302 | Transaction ID : SB17.8489 | |
| Purpose of Disbursement Travel reimbursement-transportation | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5521.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 105 | | | |
| | <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) A. Hershey Lodge | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014 |
| Mailing Address 325 University Drive | | | Amount of Each Disbursement this Period 267.51 Transaction ID : SB17.8410 |
| City Hershey | State PA | Zip Code 17033 | |
| Purpose of Disbursement Travel-lodging | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Hershey Lodge | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014 |
| Mailing Address 325 University Drive | | | Amount of Each Disbursement this Period 267.51 Transaction ID : SB17.8411 |
| City Hershey | State PA | Zip Code 17033 | |
| Purpose of Disbursement Travel-lodging | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Hershey Lodge | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014 |
| Mailing Address 325 University Drive | | | Amount of Each Disbursement this Period 267.51 Transaction ID : SB17.8412 |
| City Hershey | State PA | Zip Code 17033 | |
| Purpose of Disbursement Travel-lodging | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 802.53 |
| 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 85 OF 105 | | | |
| | <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) A. Hershey Lodge | | Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014 |
| Mailing Address 325 University Drive | | Amount of Each Disbursement this Period 380.51 Transaction ID : SB17.8482 |
| City Hershey | State PA | |
| Purpose of Disbursement Travel - See Text Memo | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Sally Jazwinski | | Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014 |
| Mailing Address 3545 Mount Hickory Boulevard | | Amount of Each Disbursement this Period 672.04 Transaction ID : SB17.8215 |
| City Hermitage | State PA | |
| Purpose of Disbursement In-kind - Fundraising expense/food and beverage | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Thomas Kim | | Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014 |
| Mailing Address 7009 Arbor Lane | | Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.8217 |
| City McLean | State VA | |
| Purpose of Disbursement In-kind - Fundraising/food and beverage | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2552.55 |
| TOTAL This Period (last page this line number only) | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.8482

This is a personal expense of the candidates that is in the process of being reimbursed to the committee. This was put on the wrong debit card in error.

Form/Schedule:

Transaction ID:

**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 105 | |
| | <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) A. LN Consulting | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014 |
| Mailing Address 121 State Street | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.8423 |
| City Harrisburg | State PA Zip Code 17101 | |
| Purpose of Disbursement Campaign management fee | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Luxe Hotel | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 11461 Sunset Boulevard | | Amount of Each Disbursement this Period 872.73 Transaction ID : SB17.8340 |
| City Los Angeles | State CA Zip Code 90049 | |
| Purpose of Disbursement travel-lodging | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Kimberly McCormick | | Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014 |
| Mailing Address South Shore Drive | | Amount of Each Disbursement this Period 775.55 Transaction ID : SB17.8216 |
| City Erie | State PA Zip Code 16505 | |
| Purpose of Disbursement In-kind - Fundraising/food and beverage | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4148.28 |
| 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 88 OF 105 | | | |
| | <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) A. Orlando S. Pride III Estate | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014 |
| Mailing Address 220 South Main Street | | | Amount of Each Disbursement this Period 2650.00 Transaction ID : SB17.8484 |
| City Butler | State PA | Zip Code 16001 | |
| Purpose of Disbursement Office space rental | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Amy Petraglia | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014 |
| Mailing Address 8623 Lexington Place | | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8401 |
| City Wexford | State PA | Zip Code 15090 | |
| Purpose of Disbursement Fundraising consulting | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

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|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Amy Petraglia | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address 8623 Lexington Place | | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8493 |
| City Wexford | State PA | Zip Code 15090 | |
| Purpose of Disbursement Fundraising consulting | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3650.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 105 | | | |
| | <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) A. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 144 Second Street | | Amount of Each Disbursement this Period 57.50 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement credit card processing fee | Transaction ID : SB17.8511 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 144 Second Street | | Amount of Each Disbursement this Period 345.00 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement credit card processing fee | Transaction ID : SB17.8508 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 144 Second Street | | Amount of Each Disbursement this Period 57.50 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement credit card processing fee | Transaction ID : SB17.8509 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 460.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 90 OF 105 | |
| | <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) A. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address 144 Second Street | | Amount of Each Disbursement this Period 115.00 Transaction ID : SB17.8506 |
| City San Francisco | State CA Zip Code 94105 | |
| Purpose of Disbursement credit card processing fees | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. PNC Bank | | Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014 |
| Mailing Address 2470 East State Street | | Amount of Each Disbursement this Period 20.58 Transaction ID : SB17.8516 |
| City Hermitage | State PA Zip Code 16148 | |
| Purpose of Disbursement Bank service fee | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) c. PNC Bank | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014 |
| Mailing Address 2470 East State Street | | Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.8507 |
| City Hermitage | State PA Zip Code 16148 | |
| Purpose of Disbursement Bank fee | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 147.58 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 91 OF 105 | |
| | <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) A. PNC Bank | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 2470 East State Street | | Amount of Each Disbursement this Period 191.47 Transaction ID : SB17.8454 |
| City Hermitage State PA Zip Code 16148 | Purpose of Disbursement Check printing expense | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. PNC Park | | Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014 |
| Mailing Address 115 Federal Street | | Amount of Each Disbursement this Period 892.85 Transaction ID : SB17.8348 |
| City Pittsburgh State PA Zip Code 15212 | Purpose of Disbursement Fundraising expense-catering | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) c. Rosa Mexicano | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014 |
| Mailing Address 575 7th Street NW | | Amount of Each Disbursement this Period 326.63 Transaction ID : SB17.8408 |
| City Washington State DC Zip Code 20004 | Purpose of Disbursement Fundraising expense-catering | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1410.95 |
| 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 92 OF 105 | | | |
| | <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) A. Rosa Mexicano | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014 | | |
| Mailing Address 575 7th Street NW | | | Amount of Each Disbursement this Period 1076.62 | | |
| City Washington | State DC | Zip Code 20004 | Transaction ID : SB17.8409 | | |
| Purpose of Disbursement Fundraising expense-catering | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|--|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Samantha Sandone | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 | | |
| Mailing Address 6779 St Regis Blvd | | | Amount of Each Disbursement this Period 90.00 | | |
| City Hudson | State OH | Zip Code 44236 | Transaction ID : SB17.8336 | | |
| Purpose of Disbursement Adminstrative Consulting | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Samantha Sandone | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014 | | |
| Mailing Address 6779 St Regis Blvd | | | Amount of Each Disbursement this Period 80.00 | | |
| City Hudson | State OH | Zip Code 44236 | Transaction ID : SB17.8439 | | |
| Purpose of Disbursement Administrative Consulting | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1246.62 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 105 | | |
| | <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) A. SCP Group | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014 |
| Mailing Address PO Box 681 | | Amount of Each Disbursement this Period 19.44 |
| City Sharon | State PA Zip Code 16146 | |
| Purpose of Disbursement shipping | Candidate Name | Transaction ID : SB17.8354 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. SCP Group | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014 |
| Mailing Address PO Box 681 | | Amount of Each Disbursement this Period 243.75 |
| City Sharon | State PA Zip Code 16146 | |
| Purpose of Disbursement printing | Candidate Name | Transaction ID : SB17.8356 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. SCP Group | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014 |
| Mailing Address PO Box 681 | | Amount of Each Disbursement this Period 616.20 |
| City Sharon | State PA Zip Code 16146 | |
| Purpose of Disbursement printing | Candidate Name | Transaction ID : SB17.8357 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 879.39 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 105 | | | |
| | <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) A. SCP Group | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address PO Box 681 | | Amount of Each Disbursement this Period 673.09 |
| City Sharon | State PA Zip Code 16146 | |
| Purpose of Disbursement printing-invitations | Candidate Name | Transaction ID : SB17.8358 |
| 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. SCP Group | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address PO Box 681 | | Amount of Each Disbursement this Period 490.36 |
| City Sharon | State PA Zip Code 16146 | |
| Purpose of Disbursement Printing-invitations | Candidate Name | Transaction ID : SB17.8359 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. Sheetz Butler | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address 100 Freeport Road | | Amount of Each Disbursement this Period 66.91 |
| City Butler | State PA Zip Code 16001 | |
| Purpose of Disbursement travel-fuel | Candidate Name | Transaction ID : SB17.8494 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1230.36 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 95 OF 105 | | | |
| | <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) A. Shockey Mini Storage | | Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014 |
| Mailing Address 140 Shockey Lane | | Amount of Each Disbursement this Period 22.92 |
| City Butler | State PA | |
| Zip Code 16001 | Purpose of Disbursement Storage Facility | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Shockey Mini Storage | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014 |
| Mailing Address 140 Shockey Lane | | Amount of Each Disbursement this Period 22.92 |
| City Butler | State PA | |
| Zip Code 16001 | Purpose of Disbursement Storage Facility | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. Simple Toll Free | | Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014 |
| Mailing Address PO Box 41069 | | Amount of Each Disbursement this Period 8.12 |
| City Long Beach | State CA | |
| Zip Code 90853 | Purpose of Disbursement conference call expense | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 53.96 |
| 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 96 OF 105 | | |
| | <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) A. Staples | | Date of Disbursement MM / DD / YYYY 06 / 19 / 2014 |
| Mailing Address 9374 State Route 14 | | Amount of Each Disbursement this Period 142.22 |
| City Streetsboro | State OH | |
| Zip Code 44241 | Purpose of Disbursement office supplies | Transaction ID : SB17.8471 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement MM / DD / YYYY 06 / 21 / 2014 |
| Mailing Address 110 Moraine Point Plaza | | Amount of Each Disbursement this Period 207.74 |
| City Butler | State PA | |
| Zip Code 16001 | Purpose of Disbursement office supplies | Transaction ID : SB17.8478 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement MM / DD / YYYY 06 / 23 / 2014 |
| Mailing Address 110 Moraine Point Plaza | | Amount of Each Disbursement this Period 17.07 |
| City Butler | State PA | |
| Zip Code 16001 | Purpose of Disbursement office supplies | Transaction ID : SB17.8481 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 367.03 |
| 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 97 OF 105 | | | |
| | <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) A. Staples | | Date of Disbursement MM / DD / YYYY 06 / 30 / 2014 |
| Mailing Address 110 Moraine Point Plaza | | Amount of Each Disbursement this Period 6,999.99 Transaction ID : SB17.8499 |
| City Butler | State PA | |
| Zip Code 16001 | Purpose of Disbursement office supplies | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Targeted Victory | | Date of Disbursement MM / DD / YYYY 05 / 28 / 2014 |
| Mailing Address 1033 N Fairfax Street | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8394 |
| City Alexandria | State VA | |
| Zip Code 22314 | Purpose of Disbursement Email marketing | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. US Postmaster | | Date of Disbursement MM / DD / YYYY 05 / 19 / 2014 |
| Mailing Address Lyndora Post Office | | Amount of Each Disbursement this Period 6.71 Transaction ID : SB17.8380 |
| City Lyndora | State PA | |
| Zip Code 16045 | Purpose of Disbursement postage | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 618.87 |
| 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 98 OF 105 | | | |
| | <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) A. US Postmaster | | Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014 |
| Mailing Address Lyndora Post Office | | Amount of Each Disbursement this Period 5.80 |
| City Lyndora | State PA Zip Code 16045 | |
| Purpose of Disbursement postage | Candidate Name | Transaction ID : SB17.8463 |
| 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. US Postmaster | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014 |
| Mailing Address Lyndora Post Office | | Amount of Each Disbursement this Period 3.76 |
| City Lyndora | State PA Zip Code 16045 | |
| Purpose of Disbursement postage | Candidate Name | Transaction ID : SB17.8496 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. Verizon Wireless - Erie | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 |
| Mailing Address 5043 Peach Street | | Amount of Each Disbursement this Period 211.76 |
| City Erie | State PA Zip Code 16506 | |
| Purpose of Disbursement cellular phone service | Candidate Name | Transaction ID : SB17.8363 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 221.32 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 OF 105 | | | |
| | <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) A. Verizon Wireless - Erie | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014 | | |
| Mailing Address 5043 Peach Street | | | Amount of Each Disbursement this Period 223.95 | | |
| City Erie | State PA | Zip Code 16506 | Transaction ID : SB17.8392 | | |
| Purpose of Disbursement cellular phone service | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | | | | | |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Windows Catering Company | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014 | | |
| Mailing Address 5724 General Washington Dr | | | Amount of Each Disbursement this Period 372.87 | | |
| City Alexandria | State VA | Zip Code 22312 | Transaction ID : SB17.8352 | | |
| Purpose of Disbursement Fundraising expense-catering | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 596.82 |
| TOTAL This Period (last page this line number only)..... | 57987.27 |

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 : SC/10.7539

MIKE KELLY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

GEORGE J JR J. KELLY Jr.

Primary

General

Other (specify) ▼

Mailing Address

239 W PEARL STREET

City

State

ZIP Code

BUTLER

PA

16001

Original Amount of Loan

43495.00

Cumulative Payment To Date

2000.00

Balance Outstanding at Close of This Period

41495.00

TERMS

Date Incurred

M 03 / D 31 / Y 2010

Date Due

M / D / Y None

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)..... ▶

41495.00

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 : SC/10.7540

MIKE KELLY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

GEORGE J JR J. KELLY Jr.

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

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
05 / 07 / 2010

M M / D D / Y Y Y Y
None

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)

Transaction ID : SC/10.7542

MIKE KELLY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

GEORGE J JR J. KELLY Jr.

Primary

General

Other (specify) ▼

Mailing Address

239 W PEARL STREET

City

State

ZIP Code

BUTLER

PA

16001

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M 05 / D 10 / Y 2010

Date Due

M / D / Y None

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)..... ▶

50000.00

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**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7543**
MIKE KELLY FOR CONGRESS

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) GEORGE J JR J. KELLY Jr. | [PERSONAL FUNDS] | Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 | 0.00 | 25000.00 |

TERMS

| | | | |
|----------------------|------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 05 / D 12 / Y 2010 | M M / D D / Y 00 | 0.00 % (apr) | <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: |

| | |
|--|----------|
| SUBTOTALS This Period This Page (optional)..... | 25000.00 |
| 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**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7544**
MIKE KELLY FOR CONGRESS

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) GEORGE J JR J. KELLY Jr. | [PERSONAL FUNDS] | Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 |
| 75000.00 | 0.00 | 75000.00 |

TERMS

| | | | |
|----------------------|--------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 06 / D 30 / Y 2010 | M M / D D / Y None | 0.00 % (apr) | <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: |

| | |
|--|----------|
| SUBTOTALS This Period This Page (optional)..... | 75000.00 |
| 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.