

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Andy Harris 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))....	71484.42	493681.55
(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)).....	71484.42	493681.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	56295.92	223059.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56295.92	223059.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	574021.64	
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).....	0.00	

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

Andy Harris for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

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).....	35766.30	260309.30
(ii) Unitemized.....	12695.00	66058.76
(iii) TOTAL of contributions from individuals ▶	48461.30	326368.06
(b) Political Party Committees.....	323.12	323.12
(c) Other Political Committees (such as PACs).....	22700.00	166990.37
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	71484.42	493681.55
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	213.10	488.84
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	71697.52	494170.39

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56295.92	223059.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	21000.00	40400.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	77295.92	263459.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	579620.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	71697.52
25. SUBTOTAL (add Line 23 and Line 24).....	651317.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77295.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	574021.64

**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 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Willard M. Sweetser

Mailing Address 5 Shipwright Harbor

City Annapolis State MD Zip Code 21401-2614

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : ACE8C087FEFF64618995

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. Joel Meisel

Mailing Address 6000 Executive Blvd 7th FL

City Rockville State MD Zip Code 20852-3803

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

Name of Employer Information Requested Occupation Information Requested
 Self Employed Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AC2E7EFCA01C1455FBAE

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Minah Turner

Mailing Address 6761 Lakefair Cir

City Dallas State TX Zip Code 75214-2737

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

Name of Employer Information Requested Occupation Information Requested
 Self Employed Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : A9006FD4554AD4373891

Amount of Each Receipt this Period
 250.00

Memo Item

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 6 OF 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Lynn Layton

Mailing Address 9280 High Banks Dr

City Easton State MD Zip Code 21601-6836

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015

Transaction ID : A293692BE12864A6D8E1

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. John F. Kleylein

Mailing Address 1909 Trout Farm Rd

City Jarrettsville State MD Zip Code 21084-2024

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **416.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015

Transaction ID : AFCDBEF2244C24CFCAF4

Amount of Each Receipt this Period
 150.00

Memo Item

C. Full Name (Last, First, Middle Initial)
William R. Conrad

Mailing Address 24678 New Post Rd

City Saint Michaels State MD Zip Code 21663-2300

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : AF720E161A1E14F989E4

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

750.00

**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 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Richard W Snyder II

Mailing Address 5514 Yolanda Lane

City Dallas State TX Zip Code 75229-6440

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : A0DCBD239E92D400BAC2

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. John F. Kleylein

Mailing Address 1909 Trout Farm Rd

City Jarrettsville State MD Zip Code 21084-2024

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
516.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : ABFC8E20AEF1A47648F2

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mr. Maren Waterman

Mailing Address 610 Harmony Way

City Centreville State MD Zip Code 21617-2489

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

Name of Employer Self Employed Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A8F68A3F546F1410CA1F

Amount of Each Receipt this Period
250.00

Memo Item

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 68
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Robert Helm

Mailing Address 12064 Open Run Rd

City State Zip Code
Ellicott City MD 21042-6101

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

Name of Employer Occupation
Dechert Llp Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2015

Transaction ID : A353267406F51476EA9B

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. John Scott

Mailing Address 225 Deer Haven Dr

City State Zip Code
Ponte Vedra Beach FL 32082-2108

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

Name of Employer Occupation
North Florida Anesthesia Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2015

Transaction ID : A4C118756F5774F6F824

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 28165 Canterbury Ct

City State Zip Code
Easton MD 21601-8565

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

Name of Employer Occupation
Baxter Enterprises, Inc. President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2015

Transaction ID : AA EFF91EF545141B4A46

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mr. William Childs IV

Mailing Address 363 Sansbury Rd

City Friendship State MD Zip Code 20758-9715

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

Name of Employer Chaney Enterprises Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : A00735E99D88449B89B7

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4462 Lincklaen Rd

City Cazenovia State NY Zip Code 13035-9752

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AF1DCE9BEFFBC40A9AFC

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1108 Sleepy Dell Ct

City Towson State MD Zip Code 21286-1414

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

Name of Employer Pollard's Towing Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : A99896D73A11D4A31B5B

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 68
	<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)
Andy Harris for Congress

A. Mr. Galen C. Crawford
 Full Name (Last, First, Middle Initial)
 Mailing Address 1428 Ticker Lane
 City State Zip Code
 Crownsville MD 21032-1445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cartys Welding Welder
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : A27FAF987525247A88C1
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Michael A. Pimentel
 Full Name (Last, First, Middle Initial)
 Mailing Address 9601 Glen Way
 City State Zip Code
 Ft Washington MD 20744-2508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Physicians Group Physician
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : AAEA0FD4ECA7643499AA
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dr. Chet Beyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 577 Polly Rd
 City State Zip Code
 Sunnyvale TX 75182-9422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Porter, Sone And Assoc Anesthesiologist
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015
Transaction ID : AF9601FF6E4554CED972
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Peggy Dixon

Mailing Address 9100 Lanseair Farm

City Welcome	State MD	Zip Code 20693-3402
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A56E68CADF7E949A5A05

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. Steve Hattamer

Mailing Address 21 Cummings Ln

City Hollis	State NH	Zip Code 03049-6128
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nashua Anesthesia Partners	Occupation Physician
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AE93734C37DCB4D0EAB4

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Craig Fisher

Mailing Address 4006 Sperry St

City Dallas	State TX	Zip Code 75214-2740
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FEC ID number of contributing federal political committee. **C**

Name of Employer Metro Anesthesia	Occupation Physician
--------------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A70C72378FDFB42C294E

Amount of Each Receipt this Period
250.00

Memo Item

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

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

550.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 68

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Norman Rice

Mailing Address 6203 Brazos Ct

City Colleyville State TX Zip Code 76034-5722

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

Name of Employer Metro Anesthesia Occupation Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : A4026F025A0A84CD98AA

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. Douglas R. Price

Mailing Address 1055 W Joppa Road Unit 421

City Towson State MD Zip Code 21204-3746

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : A0E9C1B06CC5E41578E1

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mrs. Nancy Williams

Mailing Address 45 Pine Valley Rd

City Elkton State MD Zip Code 21921-8336

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A71AAF54F93154F739A0

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1050.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 68

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. John Geiser

Mailing Address 6215 Tremont St.

City State Zip Code
 Dallas TX 75214-4559

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

Name of Employer Occupation
 Metropolitan Anes Consultants Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : A3A18EBD26F4245649B3

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mrs. Mary VanDervort

Mailing Address 24025 Lynnewood Dr

City State Zip Code
 St Michaels MD 21663-2554

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

Name of Employer Occupation
 None Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 561.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 20 2015

Transaction ID : A5A64D506ADAF41B79AB

Amount of Each Receipt this Period
 561.30

Memo Item
 In-kind:Event Catering

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

Mailing Address 4308 Augusta Ave

City State Zip Code
 Richmond VA 23230-3814

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

Name of Employer Occupation
 VCU Health System Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 07 2015

Transaction ID : AC41B063CD0F4411AA73

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

1061.30

**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 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. David Gratch

Mailing Address 15 Vassar Rd

City State Zip Code
Mount Laurel NJ 08054-5236

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

Name of Employer Occupation
Thomas Jefferson Hospital Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A1CC236F526374A5889A

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. Terrence O'donovan

Mailing Address 615 Maid Marion Hill

City State Zip Code
Annapolis MD 21405-2027

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

Name of Employer Occupation
Chesapeake Orthopaedics Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : A00179343AA6B40EEB98

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Hamilton Chaney

Mailing Address PO Box 10

City State Zip Code
Friendship MD 20758-0010

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

Name of Employer Occupation
Herrington Harbour Health Marine Operator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : AA4F4057C3F124137A50

Amount of Each Receipt this Period
400.00

Memo Item

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

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

1150.00

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

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

FOR LINE NUMBER: PAGE 15 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mr. James Nolan

Mailing Address 8820 Walther Blvd
Apt 4519

City Baltimore State MD Zip Code 21234-9036

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
305.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : A3D0348259BEC4C0B897

Amount of Each Receipt this Period
 305.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. Craig Nordhues

Mailing Address 104 Inverness Dr

City Dothan State AL Zip Code 36305-7287

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

Name of Employer Acmg Occupation Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2015

Transaction ID : AA0A701DA39BA405F93F

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Dag Holmsen

Mailing Address 73 Oxen Dr

City Oakland State ME Zip Code 04963-4654

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

Name of Employer Kennebec Anesthesia Associates Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2015

Transaction ID : AA3D3183C8DCA4D07893

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

1305.00

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

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

FOR LINE NUMBER: PAGE 16 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Richard Haldeman

Mailing Address 3200 Hunter Ln

City State Zip Code
Plano TX 75093-8826

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

Name of Employer Occupation
Metro Anesthesia Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : A952513E8ABB347829EF

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. Jose Fuentes

Mailing Address 750 9th St NW
Ste 750

City State Zip Code
Washington DC 20001-4589

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

Name of Employer Occupation
Eastport Strategies, LLC Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A05F0A6428049406BAC0

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Douglas Borg

Mailing Address PO Box 100993

City State Zip Code
Fort Worth TX 76185-0993

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

Name of Employer Occupation
Cook Children's Physician Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AF007F6CD8C5E4D33B5C

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 68
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. John Scott Jr.

Mailing Address 736 Hallelujah Trl

City State Zip Code
Keller TX 76248-4203

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

Name of Employer Occupation
Self Employed Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : A157CCABE4C0547C693F

Amount of Each Receipt this Period
700.00

Memo Item

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

Mailing Address 152 Forty Love Pt

City State Zip Code
Chapin SC 29036-8809

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

Name of Employer Occupation
Anesthesiology Professionals of Columb Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : AAEEAEC494F014909946

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Amir Baluch

Mailing Address 2943 Thomas Ave

City State Zip Code
Dallas TX 75204-2731

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

Name of Employer Occupation
Metropolitan Anes Consultants Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A757E8948AF9C432F821

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 18 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Ruth McClain

Mailing Address 1603 Saint Margarets Rd

City State Zip Code
Annapolis MD 21409-5540

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : AEDFBE651EE694880AB0

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address 5500 Prytania St #435

City State Zip Code
New Orleans LA 70115-4221

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

Name of Employer Occupation
Ochsner Medical Center Physician Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A41FA135A3A7D4518AE5

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mr. Frederick Graul

Mailing Address 1125 Woodlyn Rd

City State Zip Code
Annapolis MD 21409-6134

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

Name of Employer Occupation
Graul's Market Grocer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A8375A0BC3F144726A8A

Amount of Each Receipt this Period
500.00

Memo Item

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

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

900.00

**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 68
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mr. J. Brooks Bradley

Mailing Address 10518 Pot Spring Rd

City State Zip Code
Cockeysville MD 21030-3042

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

Name of Employer Occupation
Bradley Company Financial Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : A245B76362B1F448490E

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. Michael David Epstein

Mailing Address 5410 Edson Ln
Ste 300

City State Zip Code
Rockville MD 20852-3155

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

Name of Employer Occupation
Willow Asset Management LLC Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : A3B36177320284989822

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mr. Mark Boyle

Mailing Address PO Box 299

City State Zip Code
Annapolis Junction MD 20701-0299

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

Name of Employer Occupation
Vermeer Mid Atlantic President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : AA37DD1F0907D41FF83B

Amount of Each Receipt this Period
250.00

Memo Item

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

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

3050.00

**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 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Richard Smiley

Mailing Address 151 Soundview Ave

City White Plains	State NY	Zip Code 10606-3614
----------------------	-------------	------------------------

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

Name of Employer Columbia University	Occupation Physician
---	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A68BFEDDF8C3E40A8AFC

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. John Williams

Mailing Address 5004 W Grove Ln

City Gibsonia	State PA	Zip Code 15044-6053
------------------	-------------	------------------------

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

Name of Employer Upmc	Occupation Physician
--------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : ABBA231D5F15B4459AE8

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Andy Hollenshead

Mailing Address 3409 Villanova St

City Dallas	State TX	Zip Code 75225-4843
----------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Anesthesiologist
-----------------------------------	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : A69094F5FB88142509E6

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Mark A. Margolis

Mailing Address 6515 Meadow Rd

City	State	Zip Code
Dallas	TX	75230-5225

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

Name of Employer	Occupation
Metro Anesthesia	Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : A0F5078AD0BDE404A83A

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mrs. Marianne Pelura

Mailing Address 3725 Tanglewood Ln

City	State	Zip Code
Davidsonville	MD	21035-2408

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

Name of Employer	Occupation
Davidsonville Veterinary	Business Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2015

Transaction ID : A8C6A5B100FF3417886F

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Tony Beall

Mailing Address 921 Pine Hollow Rd

City	State	Zip Code
Mt Pleasant	SC	29464-3108

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

Name of Employer	Occupation
Trident Anesthesia Group	Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A2697802A32DE4EAA956

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 22 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. James Buese

Mailing Address 1071 S. Orange Grove Blvd.

City Pasadena State CA Zip Code 91105-1737

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

Name of Employer Self Employed Occupation Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2015

Transaction ID : A83F46CAEB50846EBBD5

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. Michael Gosney

Mailing Address 108 Chase Dr

City Muscle Shoals State AL Zip Code 35661-2950

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

Name of Employer Anesthesia Medical Consultants Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A54D3B6C304C54A8592D

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mr. George R. Hepburn

Mailing Address 1 Cedar Point Rd

City Severna Park State MD Zip Code 21146-4505

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : A35F134EC608B4E87A30

Amount of Each Receipt this Period
 _____ 300.00

Memo Item

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

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

_____ 800.00

**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 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Georgie Feldman

Mailing Address 302 Academy St
Apt 402

City Cambridge State MD Zip Code 21613-1866

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : A2D77C9CC4C0C49E0A9A

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. Yue-cheng Yang

Mailing Address 3420 N Trail Way

City Baltimore State MD Zip Code 21234-1249

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

Name of Employer Johns Hopkins Health System Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A3C8A12FD3109464BB03

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Udaya Padakandla

Mailing Address 4449 Young Dr

City Carrollton State TX Zip Code 75010-1145

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

Name of Employer USAP Occupation Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : AE7E476FAF3EC493BA76

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. J. Michael Burdine

Mailing Address 2267 Cedardale Ave

City State Zip Code
Baton Rouge LA 70808-2812

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

Name of Employer Occupation
Spine Diagnostic Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A9E75E4F4F2C349D6A80

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mrs. Debra Risher

Mailing Address 1730 Tarleton Way

City State Zip Code
Crofton MD 21114-2504

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

Name of Employer Occupation
Belair Engineering Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : ABFD2E6A7572B4A42A64

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cecilia Fisher

Mailing Address 4006 Sperry St

City State Zip Code
Dallas TX 75214-2740

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : ACC604AB4C2A04A7997A

Amount of Each Receipt this Period
250.00

Memo Item

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Michael Batza Jr.

Mailing Address 501 Fairmount Ave
Ste 101

City State Zip Code
Towson MD 21286-5462

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Properties Inc. Real Estate Development

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A204DA9FBED4346EDBBC

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. Chet Beyer

Mailing Address 577 Polly Rd

City State Zip Code
Sunnyvale TX 75182-9422

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Porter, Sone And Assoc Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : ADE84EB36CFDE4C10AAE

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 915 E Eagle Lake Dr

City State Zip Code
Kalamazoo MI 49009-8426

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kalamazoo Anesthesiology Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A8E18421B33B54F1A94B

Amount of Each Receipt this Period

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Harry Redmon

Mailing Address 491 College Pkwy

City Arnold State MD Zip Code 21012-1858

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015

Transaction ID : A443E6F6710994FDCA9C

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. Brett Arron

Mailing Address 52 Lake St

City Wakefield State RI Zip Code 02879-4116

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

Name of Employer Information Requested Occupation Information Requested
Pai Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A6A93857D5CA94E7BA41

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Tillmann Hein

Mailing Address 4251 Park Ln

City Dallas State TX Zip Code 75220-1950

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

Name of Employer Information Requested Occupation Information Requested
Self Employed Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : A7745202E5786406E845

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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 27 OF 68
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Raymond Nichols

Mailing Address 1156 Woodlyn Rd

City State Zip Code
Annapolis MD 21409-6101

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

Name of Employer Occupation
BSC America Companies CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A44E224C2DCB24C8FA42

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sharon M. Carrick

Mailing Address 404 Friendship Dr

City State Zip Code
Centreville MD 21617-2065

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : A375C044583284283951

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Tabitha Foster

Mailing Address 3317 Hayley Ct

City State Zip Code
Richardson TX 75082-2670

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

Name of Employer Occupation
Metro Anesthesia Consultants Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : A253C5EA642214E159E9

Amount of Each Receipt this Period
250.00

Memo Item

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

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

750.00

**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 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Kraig De Lanzac

Mailing Address 12 Tara Pl

City State Zip Code
Metairie LA 70002-1559

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AA5D88294C11A40349CB

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. George R. Hepburn

Mailing Address 1 Cedar Point Rd

City State Zip Code
Severna Park MD 21146-4505

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : A8363BF6EE6744BCA96C

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mr. Kevin O'Keeffe

Mailing Address 804 S Sharp St

City State Zip Code
Baltimore MD 21230-3639

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

Name of Employer Occupation
Meringer, Zois & Quigg, LLC Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AC75B6C6939B749E79E0

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

2900.00

**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 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Robert Kuzel

Mailing Address 8055 E McLellan Blvd

City State Zip Code
Scottsdale AZ 85250-5645

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MidMichigan Anesthesiology Group PC Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : AC79AB27A34544729ADD

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 423 Holly Farms Rd

City State Zip Code
Severna Park MD 21146-2302

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Chesapeake Geosystems, Inc Vp Operations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : A1892EBBBEE4F4A75860

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Bryan Perry

Mailing Address 4926 Briarwood Pl.

City State Zip Code
Dallas TX 75209-2004

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : AF360D0603AB34A8CB53

Amount of Each Receipt this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 30 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Douglas R. Price

Mailing Address 1055 W Joppa Road Unit 421

City Towson State MD Zip Code 21204-3746

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AEA2BB995F09D4A1792D

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. Jane C. Fitch

Mailing Address 7351 Bayliner Launch

City Edmond State OK Zip Code 73013-8727

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

Name of Employer Oklahoma University Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A7F03A57A16D245659F7

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Kristina Deason

Mailing Address 601 E 1st St Apt 430

City Fort Worth State TX Zip Code 76102-3206

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A33F595C11B5F43D0A78

Amount of Each Receipt this Period
250.00

Memo Item

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Bradley E. Smith

Mailing Address 837 Forest Hills Dr

City Nashville State TN Zip Code 37220-2117

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AF31251CAD23345E3BBF

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mr. Anthony B. Olmert Sr.

Mailing Address 8 Spa View Cir

City Annapolis State MD Zip Code 21401-3418

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : A44C0402A574140CEBA1

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Chickasaw Nation

Mailing Address 2020 Lonnie Abbott Blvd

City Ada State OK Zip Code 74820-9255

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : AF0774EECD679450681D

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

3050.00

**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 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Gerret Copeland Jr.

Mailing Address **PMB 361**

City **Sarasota** State **FL** Zip Code **34236**

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

Name of Employer **Florida Sun Realty** Occupation **Real Estate**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A9FC73E0AC75F446E8FC

Amount of Each Receipt this Period
1700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mrs. Mary VanDervort

Mailing Address **24025 Lynnewood Dr**

City **St Michaels** State **MD** Zip Code **21663-2554**

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

Name of Employer **None** Occupation **Homemaker**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **761.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : AC378D94F4A69480F93E

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

1900.00

35766.30

**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 68
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Tri-County Republican Club of Carroll County

Mailing Address **PO Box 520**

City **Taneytown** State **MD** Zip Code **21787-0520**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **50.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A4305F2A4F4CD40CAA7B

Amount of Each Receipt this Period
50.00

Memo Item
PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
First Congressional District Republican Committee

Mailing Address **40 Harry Muir**

City **Denton** State **MD** Zip Code **21629**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **273.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : ABFC6CEDC42834AF9ABE

Amount of Each Receipt this Period
273.12

Memo Item
PERMISSIBLE FUNDS

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Amount of Each Receipt this Period

Memo Item

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

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

323.12

323.12

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

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

FOR LINE NUMBER: PAGE 34 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Maryland Plastic Surgery Pac

Mailing Address 11210 Old Georgetown Rd

City State Zip Code
Rockville MD 20852-3202

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : AFE875E733D14A41AC6

Amount of Each Receipt this Period
200.00

Memo Item
PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
Orbital ATK Inc PAC

Mailing Address 1300 Wilson Blvd. Ste. 1100

City State Zip Code
Arlington VA 22209-2330

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : AA5638989103E45A5B8E

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Citizens United Political Victory Fund

Mailing Address 1006 Pennsylvania Ave SE

City State Zip Code
Washington DC 20003-2142

FEC ID number of contributing federal political committee. **C** C00295527

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : A5CEA18A8496A4DE0902

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 68
	<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)
Andy Harris for Congress

A. Snack Food Assoc. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1600 Wilson Blvd
Ste 650

City Arlington State VA Zip Code 22209-2510

FEC ID number of contributing federal political committee. **C C00118919**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2015

Transaction ID : A87D5394691874A808BB

Amount of Each Receipt this Period
1000.00

Memo Item

B. Realtors PAC

Full Name (Last, First, Middle Initial)
Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2015

Transaction ID : ACADED25712CC4E69A53

Amount of Each Receipt this Period
1000.00

Memo Item

C. Textron Inc. PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 878

City Providence State RI Zip Code 02901-0878

FEC ID number of contributing federal political committee. **C C00123612**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2015

Transaction ID : AE0F1740967CC4A88AE0

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 68
	<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)
Andy Harris for Congress

A. Rite Aid PAC

Full Name (Last, First, Middle Initial)
Rite Aid PAC

Mailing Address 30 Hunter Lane

City State Zip Code
Camp Hill PA 17011-2400

FEC ID number of contributing federal political committee. **C C00104083**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : A4E48BE3701E0401D9D7

Amount of Each Receipt this Period
1000.00

Memo Item

B. Reynolds American Inc. PAC

Full Name (Last, First, Middle Initial)
Reynolds American Inc. PAC

Mailing Address PO Box 718

City State Zip Code
Winston Salem NC 27102-0718

FEC ID number of contributing federal political committee. **C C00042002**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : AEAE7523693AA4616AE0

Amount of Each Receipt this Period
2500.00

Memo Item

C. CSX Corp. Good Government Fund PAC

Full Name (Last, First, Middle Initial)
CSX Corp. Good Government Fund PAC

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : A6FA40A17092145D0953

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 37 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Metropolitan Anesthesia PAC

Mailing Address 3300 Oak Lawn Ave Ste 200

City Dallas State TX Zip Code 75219-4265

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : A3DFD5EDB0C354860B89

Amount of Each Receipt this Period
 1000.00

Memo Item
PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
Orbital ATK Inc PAC

Mailing Address 1300 Wilson Blvd. Ste. 1100

City Arlington State VA Zip Code 22209-2330

FEC ID number of contributing federal political committee. **C C00250209**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2015

Transaction ID : ADC7F980640894466A79

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 55 Glenlake Pkwy NE

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A6E69C7FA1B0F450B89D

Amount of Each Receipt this Period
 2000.00

Memo Item

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

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

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 38 OF 68
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
American Maritime Officers Voluntary PAC

Mailing Address PO Box 66

City Dania State FL Zip Code 33004-0066

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A0E9A1F7C98B84EB7896

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American Bakers Association PAC

Mailing Address 1300 I St NW Ste 700

City Washington State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00016386**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : AE871CB28B40448A89F3

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees' PAC

Mailing Address 2121 Crystal Dr Ste 100

City Arlington State VA Zip Code 22202-3706

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : A26E2F65A1CD64653926

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 68
	<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)
Andy Harris for Congress

A. National Emergency Medicine PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1125 Executive Cir

City Irving State TX Zip Code 75038-2522

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : A2ABF452597C6461ABEA

Amount of Each Receipt this Period
 1000.00

Memo Item

B. American Health Care Association PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1201 L St NW

City Washington State DC Zip Code 20005-4024

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : AF79B6711328E45D8BBB

Amount of Each Receipt this Period
 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

2000.00

22700.00

**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 68
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
PNC Bank - Jacksonville

Mailing Address 3422 Sweet Air Rd

City Phoenix State MD Zip Code 21131-1826

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **342.36**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : AB7F324BB5A844645B1E

Amount of Each Receipt this Period
66.62

Memo Item
 Bank Interest

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

Mailing Address 3422 Sweet Air Rd

City Phoenix State MD Zip Code 21131-1826

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **416.80**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : A077B1368D333497299E

Amount of Each Receipt this Period
74.44

Memo Item
 Bank Interest

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

Mailing Address 3422 Sweet Air Rd

City Phoenix State MD Zip Code 21131-1826

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **488.84**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A893A6B2F19234C4B870

Amount of Each Receipt this Period
72.04

Memo Item
 Bank Interest

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

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

213.10

213.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Mary VanDervort			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015	
Mailing Address 24025 Lynnewood Dr			Amount of Each Disbursement this Period 561.30	
City St Michaels	State MD	Zip Code 21663-2554	<input type="checkbox"/> Memo Item	
Purpose of Disbursement In-kind: Event Catering		Candidate Name	Transaction ID : B5A64D506ADAF41B79AB	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) B. FedEx Kinko's			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015	
Mailing Address PO Box 371461			Amount of Each Disbursement this Period 14.42	
City Pittsburgh	State PA	Zip Code 15250-7461	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Shipping		Candidate Name	Transaction ID : B6BCEC94258924C09B69	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) c. Integram			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015	
Mailing Address 22695 Commerce Center Ct Ste 170			Amount of Each Disbursement this Period 1520.92	
City Sterling	State VA	Zip Code 20166-2037	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Direct Mail Production		Candidate Name	Transaction ID : B7F98C8E0F00B4C3E9A9	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	2096.64
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 42 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. MDI Imaging & Mail			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 21721 Filigree Ct Ste A			Amount of Each Disbursement this Period 2060.22
City Ashburn	State VA	Zip Code 20147-6207	
Purpose of Disbursement Direct Mail Production		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : BFF6C18B4D6D94697AF6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Indy's Services			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address PO Box 26			Amount of Each Disbursement this Period 1200.00
City Perry Hall	State MD	Zip Code 21128-0026	
Purpose of Disbursement Media Consulting		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : B4CD0CB6E80054B89B37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Amy Shuster			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2015
Mailing Address 135 E Clement St			Amount of Each Disbursement this Period 1500.00
City Baltimore	State MD	Zip Code 21230-4510	
Purpose of Disbursement Fundraising Consulting		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : B6F7DF5A2D7974F1EBC8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	4760.22
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 43 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Elizabeth Young		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2015
Mailing Address 13401 Redcoat Ln		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Phoenix	State MD	
Zip Code 21131-2109	Purpose of Disbursement Financial Consulting	Transaction ID : BB5882CC28CE34DE8977
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FedEx Kinko's		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 14.42 <input type="checkbox"/> Memo Item
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Transaction ID : B56E9064743B84D728DA
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 824 S. Milledge Ave. Ste. 101		Amount of Each Disbursement this Period 1507.76 <input type="checkbox"/> Memo Item
City Athens	State GA	
Zip Code 30605-1332	Purpose of Disbursement Compliance Consulting	Transaction ID : B86E858760D464D0C83F
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2022.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2100.00
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : BBE6CDA15FAF04F0DAA6

Full Name (Last, First, Middle Initial) B. Davis & Harman		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2015
Mailing Address 1909 K St NW		Amount of Each Disbursement this Period 350.00
City Washington State DC Zip Code 20006-1152	Purpose of Disbursement Event Facility Rental Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : BC12B38BDD0924035850

Full Name (Last, First, Middle Initial) c. FedEx Kinko's		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 34.35
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : B70ED6699E46641B9A6A

SUBTOTAL of Disbursements This Page (optional).....	2484.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Upstream Communications LP		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1609 Shoal Creek Blvd Suite 203		Amount of Each Disbursement this Period 425.75 <input type="checkbox"/> Memo Item
City Austin State TX Zip Code 78701-1054	Purpose of Disbursement CC Transaction Fees Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B2876459005EB42A58F6
State: District:		

Full Name (Last, First, Middle Initial) B. Indy's Services		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address PO Box 26		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Memo Item
City Perry Hall State MD Zip Code 21128-0026	Purpose of Disbursement Media Consulting Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B8D87B9EBE6474AEB87E
State: District:		

Full Name (Last, First, Middle Initial) c. Amy Shuster		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 135 E Clement St		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Baltimore State MD Zip Code 21230-4510	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BD77E7BDD785441C6803
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3125.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Elizabeth Young			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015	
Mailing Address 13401 Redcoat Ln			Amount of Each Disbursement this Period 500.00	
City Phoenix	State MD	Zip Code 21131-2109	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Financial Consulting		Category/ Type 001		
Candidate Name			Transaction ID : B8B91ABFD6ED34CAE883	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. FedEx Kinko's			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015	
Mailing Address PO Box 371461			Amount of Each Disbursement this Period 14.56	
City Pittsburgh	State PA	Zip Code 15250-7461	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Shipping		Category/ Type 001		
Candidate Name			Transaction ID : BBE30161C04C242C48B4	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Amy Shuster			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015	
Mailing Address 135 E Clement St			Amount of Each Disbursement this Period 5374.35	
City Baltimore	State MD	Zip Code 21230-4510	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Category/ Type		
Candidate Name			Transaction ID : B7E844AB86CFB4CCE926	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5888.91
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 47 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Amy Shuster		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 135 E Clement St		Amount of Each Disbursement this Period 4212.80
City Baltimore	State MD	
Zip Code 21230-4510	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : B49B5D66A555A4087892
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Professional Data Services		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 824 S. Milledge Ave. Ste. 101		Amount of Each Disbursement this Period 1539.72
City Athens	State GA	
Zip Code 30605-1332	Purpose of Disbursement Compliance Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BE51803C7D4074DDFAA9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FedEx Kinko's		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 14.62
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B89C146CB04974F8EB5C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5767.14
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 48 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Upstream Communications LP		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 1609 Shoal Creek Blvd Suite 203		Amount of Each Disbursement this Period 73.75
City Austin State TX Zip Code 78701-1054	Purpose of Disbursement CC Transaction Fees 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BC86753E44F9A4CF1905
State: District:		

Full Name (Last, First, Middle Initial) B. PNC Bank - Jacksonville		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 3422 Sweet Air Rd		Amount of Each Disbursement this Period 25.00
City Phoenix State MD Zip Code 21131-1826	Purpose of Disbursement Bank Fees 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B4B0E7FB4B7894DB285E
State: District:		

Full Name (Last, First, Middle Initial) c. Amy Shuster		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 135 E Clement St		Amount of Each Disbursement this Period 1500.00
City Baltimore State MD Zip Code 21230-4510	Purpose of Disbursement Fundraising Consulting Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B4AA1E09194AD48FB914
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1598.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Elizabeth Young		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 13401 Redcoat Ln		Amount of Each Disbursement this Period 500.00
City Phoenix	State MD	
Zip Code 21131-2109	Purpose of Disbursement Financial Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BCBA046ACDECA4BAB949
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Indy's Services		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address PO Box 26		Amount of Each Disbursement this Period 1200.00
City Perry Hall	State MD	
Zip Code 21128-0026	Purpose of Disbursement Media Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BD2216F4E3F0E4774862
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Post Haste Mailing		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 90 Russell St Ste 100		Amount of Each Disbursement this Period 557.56
City Annapolis	State MD	
Zip Code 21401-3651	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B46A8DE95B48E484E92D
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2257.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Feherty's Troops First		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 535 Main Street Ste. 211		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item Transaction ID : BE9D93CA928A14656B92
City Laurel	State MD	
Zip Code 20707-4335	Purpose of Disbursement Event Sponsorship	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FedEx Kinko's		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2015
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 14.42 <input type="checkbox"/> Memo Item Transaction ID : BD325272717124DB5AA2
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PHWFF-BFTB		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 333 Bentons Pleasure Road		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Memo Item Transaction ID : B4A8CD145DBED49A68D7
City Chester	State MD	
Zip Code 21619-2221	Purpose of Disbursement Event Sponsorship	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	864.42
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 51 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Wired for Victory		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address PO Box 2025		Amount of Each Disbursement this Period 1080.00
City Annapolis	State MD	
Zip Code 21404-2025	Purpose of Disbursement Media Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : BDD3D13DAC6A343999A7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Draper Bros. Inc.		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 2615 Centerville Road		Amount of Each Disbursement this Period 70.00
City Centerville	State MD	
Zip Code 21617-2029	Purpose of Disbursement Event Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : B884FA4812C7F4AEFA24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Draper Bros. Inc.		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 2615 Centerville Road		Amount of Each Disbursement this Period 133.71
City Centerville	State MD	
Zip Code 21617-2029	Purpose of Disbursement Event Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : B43FFDDF312814680974
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1283.71
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 52 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Upstream Communications LP			Date of Disbursement MM / DD / YYYY 09 / 30 / 2015		
Mailing Address 1609 Shoal Creek Blvd Suite 203			Amount of Each Disbursement this Period 465.25		
City Austin	State TX	Zip Code 78701-1054	<input type="checkbox"/> Memo Item		
Purpose of Disbursement CC Transaction Fees		Category/Type 001	Transaction ID : B9D443318884B44D5A05		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. The M Group LLC			Date of Disbursement MM / DD / YYYY 08 / 26 / 2015		
Mailing Address 100 Luna Park Dr Apt 156			Amount of Each Disbursement this Period 2359.32		
City Alexandria	State VA	Zip Code 22305-3153	<input type="checkbox"/> Memo Item		
Purpose of Disbursement See Below		Category/Type 001	Transaction ID : B9ACF19A703834ADEA47		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Shoppers			Date of Disbursement MM / DD / YYYY 08 / 26 / 2015		
Mailing Address 3801 Jefferson Davis Hwy			Amount of Each Disbursement this Period 238.36		
City Alexandria	State VA	Zip Code 22305-3118	<input checked="" type="checkbox"/> Memo Item		
Purpose of Disbursement Event Supplies		Category/Type 001	Transaction ID : B402514500C8C4EA291D		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2824.57
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 53 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Party Palace Rentals, LLC		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1615 Robin Cir Ste B		Amount of Each Disbursement this Period 103.00
City Forest Hill	State MD	
Zip Code 21050-3058	Purpose of Disbursement Event Equipment Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B6D8C59B4A9314EE18DE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The M Group LLC		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 100 Luna Park Dr Apt 156		Amount of Each Disbursement this Period 2000.00
City Alexandria	State VA	
Zip Code 22305-3153	Purpose of Disbursement Fundraising Consulting	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B989464EDCF834A9EA19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United States Postal Service		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 475 Lenfant Plz SW		Amount of Each Disbursement this Period 100.25
City Washington	State DC	
Zip Code 20260-0001	Purpose of Disbursement Postage/PO Box Renewal	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B754356DF34094417BBD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. The M Group LLC		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 100 Luna Park Dr Apt 156		Amount of Each Disbursement this Period 14409.04
City Alexandria	State VA	
Zip Code 22305-3153	Purpose of Disbursement See Below	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : B35C11473E39649D0BC7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bullfeathers		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 410 1st St SE		Amount of Each Disbursement this Period 718.50
City Washington	State DC	
Zip Code 20003-1819	Purpose of Disbursement Event Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : BA87FC56FF88A4F3D93E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The M Group LLC		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 100 Luna Park Dr Apt 156		Amount of Each Disbursement this Period 8250.00
City Alexandria	State VA	
Zip Code 22305-3153	Purpose of Disbursement Fundraising Consulting	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	Transaction ID : BA5BD1F59C82F4D4991A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14409.04
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 55 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. The M Group LLC		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 100 Luna Park Dr Apt 156		Amount of Each Disbursement this Period 60.65
City Alexandria State VA Zip Code 22305-3153	Purpose of Disbursement Mileage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : BEE117013A4064001ADA
State: District:		

Full Name (Last, First, Middle Initial) B. Simplicity Catering		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 6402 Arlington Blvd Ste B150		Amount of Each Disbursement this Period 1300.20
City Falls Church State VA Zip Code 22042-2333	Purpose of Disbursement Event Catering 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B037ECE92733049B8814
State: District:		

Full Name (Last, First, Middle Initial) c. DC Yacht Charter & Tour Co.		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1300 Maine Ave SW		Amount of Each Disbursement this Period 1200.00
City Washington State DC Zip Code 20024-2420	Purpose of Disbursement Event Facility Rental 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B2D1F182AF7274BE9B31
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Party Palace Rentals, LLC		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1615 Robin Cir Ste B		Amount of Each Disbursement this Period 455.17
City Forest Hill	State MD	Zip Code 21050-3058
Purpose of Disbursement Event Equipment Rental	Category/Type 001	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	
		<input checked="" type="checkbox"/> Memo Item Transaction ID : B582ADDEB3C81491D984

Full Name (Last, First, Middle Initial) B. Social Reform Kitchen & Bar		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 401 9th Street NW		Amount of Each Disbursement this Period 648.50
City Washington	State DC	Zip Code 20004-2128
Purpose of Disbursement Event Catering	Category/Type 001	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	
		<input checked="" type="checkbox"/> Memo Item Transaction ID : BAD4F24F2D7D64917A74

Full Name (Last, First, Middle Initial) c. Crab Deck		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 3116 Main St		Amount of Each Disbursement this Period 370.87
City Grasonville	State MD	Zip Code 21638-1026
Purpose of Disbursement Event Catering	Category/Type 001	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	
		<input checked="" type="checkbox"/> Memo Item Transaction ID : B825F4CF6A0B641528AB

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Fish Fear Us Charters		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 21130 Carter Ave		Amount of Each Disbursement this Period 1000.00
City Rock Hall	State MD	
Zip Code 21661-1309	Purpose of Disbursement Event Facility Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B5EFB3DCEE3394DA9A7B
State: District:		

Full Name (Last, First, Middle Initial) B. FedEx Kinko's		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 34.23
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BB21404435B3240DBA65
State: District:		

Full Name (Last, First, Middle Initial) c. Bankcard Center		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address PO Box 569200		Amount of Each Disbursement this Period 2750.48
City Dallas	State TX	
Zip Code 75356-9200	Purpose of Disbursement See Memo	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B80B12756679F4112AC1
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2750.48
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 58 OF 68			
	<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)
Andy Harris for Congress

A. Capitol Host

Full Name (Last, First, Middle Initial)
Mailing Address **Rayburn House Office Building
Rm B-339B**

City **Washington** State **DC** Zip Code **20515-0001**

Purpose of Disbursement
Event Catering 001
Category/Type

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 02 / 2015

Amount of Each Disbursement this Period
1864.74

Memo Item

Transaction ID : B79B41AACE6C54F628C5

B. High's Cockeysville

Full Name (Last, First, Middle Initial)
Mailing Address **10825 Beaver Dam Road**

City **Cockeysville** State **MD** Zip Code **21030-2210**

Purpose of Disbursement
Travel Expense 001
Category/Type

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 02 / 2015

Amount of Each Disbursement this Period
114.92

Memo Item

Transaction ID : B3DFCDC8EF6B74A7BB40

c. Capitol Hill Club

Full Name (Last, First, Middle Initial)
Mailing Address **300 1st St SE**

City **Washington** State **DC** Zip Code **20003-1801**

Purpose of Disbursement
Meeting Expenses 001
Category/Type

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 02 / 2015

Amount of Each Disbursement this Period
132.42

Memo Item

Transaction ID : B0C5759DD95E0456CB33

SUBTOTAL of Disbursements This Page (optional)..... **0.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Royal Farms		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 930 Cromwell Park Dr		Amount of Each Disbursement this Period 42.42
City Glen Burnie	State MD	
Zip Code 21061-2589	Purpose of Disbursement Travel Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BD5EA6A5CF3184CA1BEB
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 195.85
City San Antonio	State TX	
Zip Code 78205-2255	Purpose of Disbursement Telephone	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BCAC9B9E0552F48EC8D7
State: District:		

Full Name (Last, First, Middle Initial) c. Marriott Hotels		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 400.13
City Bethesda	State MD	
Zip Code 20817-1102	Purpose of Disbursement Event Catering	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B1D16C48F4EE340D888E
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Bankcard Center		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address PO Box 569200		Amount of Each Disbursement this Period 2401.24
City Dallas	State TX	
Zip Code 75356-9200	Purpose of Disbursement See Memo	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BD0C7278AF0B64C4FBFAF
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 225.10
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meeting Expenses	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BBF33AD2D43904785972
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Integram		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 22695 Commerce Center Ct Ste 170		Amount of Each Disbursement this Period 971.44
City Sterling	State VA	
Zip Code 20166-2037	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B2857F976192A4F789F2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2401.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. High's Cockeysville			Date of Disbursement MM / DD / YYYY 07 / 23 / 2015	
Mailing Address 10825 Beaver Dam Road			Amount of Each Disbursement this Period 45.96	
City Cockeysville	State MD	Zip Code 21030-2210	<input checked="" type="checkbox"/> Memo Item Transaction ID : BECD6EFA3B1DC4DF68FD	
Purpose of Disbursement Travel Expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Royal Farms			Date of Disbursement MM / DD / YYYY 07 / 23 / 2015	
Mailing Address 930 Cromwell Park Dr			Amount of Each Disbursement this Period 30.69	
City Glen Burnie	State MD	Zip Code 21061-2589	<input checked="" type="checkbox"/> Memo Item Transaction ID : BE2B95B8397D5446BA82	
Purpose of Disbursement Travel Expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Exxon			Date of Disbursement MM / DD / YYYY 07 / 23 / 2015	
Mailing Address 5959 Las Colinas Blvd			Amount of Each Disbursement this Period 128.49	
City Irving	State TX	Zip Code 75039-4202	<input checked="" type="checkbox"/> Memo Item Transaction ID : B1D3856D7D85E4A92826	
Purpose of Disbursement Travel Expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Hertz		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 225 Brae Blvd		Amount of Each Disbursement this Period 213.23
City Park Ridge	State NJ	
Zip Code 07656-1870	Purpose of Disbursement Car Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B1B4F14CEE35546F9A57
State: District:		

Full Name (Last, First, Middle Initial) B. The Breakers Hotel		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 1 S County Rd		Amount of Each Disbursement this Period 266.21
City Palm Beach	State FL	
Zip Code 33480-4023	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B44DBE791F8FA4ABDB0B
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 205.85
City San Antonio	State TX	
Zip Code 78205-2255	Purpose of Disbursement Telephone	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B6EF0345FBB314819BF5
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 68			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20				

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

Full Name (Last, First, Middle Initial)

A. Bankcard Center

Mailing Address PO Box 569200

City Dallas State TX Zip Code 75356-9200

Purpose of Disbursement See Memo

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2015

Amount of Each Disbursement this Period: 1628.22

Memo Item

Transaction ID : B161D8541BC354EDD8CA

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235-1908

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2015

Amount of Each Disbursement this Period: 346.00

Memo Item

Transaction ID : B363C6566A5734AAAA19

Category/Type: 001

Full Name (Last, First, Middle Initial)

C. Cool Ice Seafood

Mailing Address 2600 Cambridge Beltway

City Cambridge State MD Zip Code 21613-2969

Purpose of Disbursement Event Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2015

Amount of Each Disbursement this Period: 241.00

Memo Item

Transaction ID : BCC9935822B2049E8BCA

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 1628.22

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 64 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Royal Farms		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 930 Cromwell Park Dr		Amount of Each Disbursement this Period 44.14
City Glen Burnie	State MD	
Purpose of Disbursement Travel Expense		Category/ Type 001
Candidate Name		
State:	District:	

Full Name (Last, First, Middle Initial) B. High's Cockeysville		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 10825 Beaver Dam Road		Amount of Each Disbursement this Period 42.00
City Cockeysville	State MD	
Purpose of Disbursement Travel Expense		Category/ Type 001
Candidate Name		
State:	District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 205.83
City San Antonio	State TX	
Purpose of Disbursement Telephone		Category/ Type 001
Candidate Name		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 68			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement MM / DD / YYYY 08 / 28 / 2015		
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 388.66		
City Washington	State DC	Zip Code 20003-1801	<input checked="" type="checkbox"/> Memo Item Transaction ID : B4E4A4306EF07410F878		
Purpose of Disbursement Meeting Expenses		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Exxon			Date of Disbursement MM / DD / YYYY 08 / 28 / 2015		
Mailing Address 5959 Las Colinas Blvd			Amount of Each Disbursement this Period 27.05		
City Irving	State TX	Zip Code 75039-4202	<input checked="" type="checkbox"/> Memo Item Transaction ID : B2ADCFE56388F4038A24		
Purpose of Disbursement Travel Expense		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. Mrs. Elizabeth Young			Date of Disbursement MM / DD / YYYY 07 / 06 / 2015		
Mailing Address 13401 Redcoat Ln			Amount of Each Disbursement this Period 19.99		
City Phoenix	State MD	Zip Code 21131-2109	<input type="checkbox"/> Memo Item Transaction ID : B899A33545D5B4811935		
Purpose of Disbursement See Memo		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	19.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 68	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service			Date of Disbursement MM / DD / YYYY 07 / 06 / 2015	
Mailing Address 475 Lenfant Plz SW			Amount of Each Disbursement this Period 19.99	
City Washington	State DC	Zip Code 20260-0001	<input checked="" type="checkbox"/> Memo Item Transaction ID : BD9DA64D885344FFFB4A	
Purpose of Disbursement Postage		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	56183.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 68	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Maryland Republican Party		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 95 Cathedral St		Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Memo Item
City Annapolis State MD Zip Code 21401-2730	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Maryland Republican Party	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B6C1143C0D6FA4B3F98D
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Poliquin for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 50		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Oakland State ME Zip Code 04963-0050	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Bruce L Poliquin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : BB13A652DD75F4E6E961
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: ME District: 02	

Full Name (Last, First, Middle Initial) c. Stutzman for Senate		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 129		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Howe State IN Zip Code 46746-0129	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Marlin A Stutzman	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : BE2ADB49A34904C47871
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 03	

SUBTOTAL of Disbursements This Page (optional).....	17000.00
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 68 OF 68
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Mike Bishop for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 1148		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : B64140F0F45124A1E85E
City Brighton	State MI	
Zip Code 48116-2748	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Mike Bishop	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 08	

Full Name (Last, First, Middle Initial) B. Blum for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 2728 Asbury Rd Ste 400		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : B1B7870CD89284F7683F
City Dubuque	State IA	
Zip Code 52001-2969	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Rod Blum	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

Full Name (Last, First, Middle Initial) c. Mooney for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 1863		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : BBDBEC40923874572A27
City Martinsburg	State WV	
Zip Code 25402-1863	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Alexander Xavier Mooney	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WV District: 02	

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	21000.00