



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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))....	147451.50	461768.55
(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)).....	147451.50	461768.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	61511.76	215903.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2334.27
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61511.76	213569.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	876307.65	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	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

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	44000.00	159574.80
(ii) Unitemized.....	844.50	3086.75
(iii) TOTAL of contributions from individuals ▶	44844.50	162661.55
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACs).....	102607.00	298607.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	147451.50	461768.55
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	2334.27
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	1251.44
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	147451.50	465354.26

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	61511.76	215903.34
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 .....	25150.00	192165.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	86661.76	408068.34

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	815517.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	147451.50
25. SUBTOTAL (add Line 23 and Line 24).....	962969.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86661.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	876307.65

**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 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 5103 Cape Cod court

City State Zip Code  
Bethesda MD 20616

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

Name of Employer Occupation  
National Assoc of Broadcasting EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 16 / 2013

**Transaction ID : SA11AI.14930**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 8028 Ritchie Hwy, Ste 2108

City State Zip Code  
Pasadena MD 21122

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

Name of Employer Occupation  
Future Care Health CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 11 / 2013

**Transaction ID : SA11AI.14771**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 11300 John Carroll Rd

City State Zip Code  
Owings Mills MD 21117

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 11 / 2013

**Transaction ID : SA11AI.14770**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 6 OF 75

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 4105 Balmoral Circle

City Pikesville State MD Zip Code 21208

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

Name of Employer Self Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 01 / 2013

**Transaction ID : SA11AI.14891**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1563 Harbourton Rocktown Rd

City Lambertville State NJ Zip Code 08530

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

Name of Employer Ship Captain Occupation OBMG

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2013

**Transaction ID : SA11AI.14711**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address P. O. Box 576

City Port Allen State LA Zip Code 70767

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

Name of Employer DeLoach Marine Services, LLC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : SA11AI.14939**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 12815 Odens Bequest Dr

City State Zip Code  
Bowie MD 20720

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

Name of Employer Occupation  
HCD International President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2013

**Transaction ID : SA11AI.14892**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2309 NE 20th ST

City State Zip Code  
Fort Lauderdale FL 33305

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

Name of Employer Occupation  
Gregory Durden, P. A. Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2013

**Transaction ID : SA11AI.14790**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 9050 Iron Horse Ln Ste 135

City State Zip Code  
Baltimore MD 21208

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

Name of Employer Occupation  
Martins Caters Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2013

**Transaction ID : SA11AI.14805**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Larry Foxwell</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2013	
Mailing Address PO Box 457		<b>Transaction ID : SA11AI.14894</b>	
City Secretary	State MD	Zip Code 21664	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Five Star Physician Services	Occupation Five Star Physician Services		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Richard Fredericks</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2013	
Mailing Address 203 Severn River Rd		<b>Transaction ID : SA11AI.14758</b>	
City Severna Park	State MD	Zip Code 21146	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer American Salvage Assoc	Occupation Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Gallo</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2013	
Mailing Address 725 W. Lombard Street		<b>Transaction ID : SA11AI.14737</b>	
City Baltimore	State MD	Zip Code 21201	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer University of Maryland at Balt	Occupation Researcher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 6069 NW 87th Ave

City Parkland State FL Zip Code 33067

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

Name of Employer Southeastern College Occupation Chancellor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2013

**Transaction ID : SA11AI.14784**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 2503 Velvet Valley Way

City Owings Mills State MD Zip Code 21117

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

Name of Employer Johns Hopkins University Occupation Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2013

**Transaction ID : SA11AI.14724**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1177 SE 3rd Ave

City Fort Lauderdale State FL Zip Code 33316

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2013

**Transaction ID : SA11AI.14780**

Amount of Each Receipt this Period  
500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 105 Edgevale Rd

City Baltimore State MD Zip Code 21210

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

Name of Employer Johns Hopkins University Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 01 / 2013

**Transaction ID : SA11AI.14888**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 47 Tamarade Dr

City LITTLETON State CO Zip Code 80127

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

Name of Employer Catholic Health Inst Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11AI.14985**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1815 Cordova Rd, Ste 210

City Fort Lauderdale State FL Zip Code 33316

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 16 / 2013

**Transaction ID : SA11AI.14792**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 75  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 317 School Lane

City Linthicum State MD Zip Code 21090

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

Name of Employer John Hopkins University Occupation Enterprise Development

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2013

**Transaction ID : SA11AI.14808**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 6505 Fallwind Lane

City Bethesda State MD Zip Code 20814

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

Name of Employer Lobbyist Occupation Capitol Legislative Strategies

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : SA11AI.14744**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 200 SW 1st Ave, Suite 800

City Fort Lauderdale State FL Zip Code 33301

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 16 / 2013

**Transaction ID : SA11AI.14794**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 454 S. Beach Rd

City State Zip Code  
Hobe Sound FL 33455

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

Name of Employer Occupation  
St Georges Univ of Granada Medical Shoal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : SA11AI.14750**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 208 Elmwood Dr

City State Zip Code  
Pearl River LA 70452

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

Name of Employer Occupation  
Turn Services, LLC President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2013

**Transaction ID : SA11AI.14807**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 300 SW 1st Ave, Ste. 133

City State Zip Code  
Fort Lauderdale FL 33301

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2013

**Transaction ID : SA11AI.14777**

Amount of Each Receipt this Period  
500.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 57 Bellichase CT

City Pikesville	State MD	Zip Code 21208
--------------------	-------------	-------------------

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

Name of Employer Fedder & Garten	Occupation Attorney
-------------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		11		2013

**Transaction ID : SA11AI.14768**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 8260 NE 2nd Ave

City Miami	State FL	Zip Code 33138
---------------	-------------	-------------------

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

Name of Employer GMHETC	Occupation President
----------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2013

**Transaction ID : SA11AI.14786**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 8706 Manahan Dr

City Ellicott City	State MD	Zip Code 21043
-----------------------	-------------	-------------------

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

Name of Employer Pursel & Orinkard, LLC	Occupation CEO
--	-------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		11		2013

**Transaction ID : SA11AI.14765**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 25 Central Park W. Unit 10 V

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
VPE - Squared Community Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2013

**Transaction ID : SA11AI.14739**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 801 Othman Dr

City State Zip Code  
Fort Washington MD 20744

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

Name of Employer Occupation  
Strategic Solutions Center CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2013

**Transaction ID : SA11AI.14743**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2218 Angelica Terr

City State Zip Code  
Baltimore MD 21209

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

Name of Employer Occupation  
State of Maryland Delegate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 01 / 2013

**Transaction ID : SA11AI.14896**

Amount of Each Receipt this Period  
250.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Justin Ross</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2013	
Mailing Address 3902 Commander Dr		<b>Transaction ID : SA11AI.14738</b>	
City Hyattsville	State MD	Zip Code 20782	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Summit Global Ventures	Occupation Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00		

Full Name (Last, First, Middle Initial) <b>B. Paul Saval</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2013	
Mailing Address 7 Red Maple CT		<b>Transaction ID : SA11AI.14914</b>	
City Owings Mills	State MD	Zip Code 21117	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Saval Foods	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard Scott</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 16 / 2013	
Mailing Address 13321 Ridgewood Drive		<b>Transaction ID : SA11AI.14779</b>	
City Ellicott City	State MD	Zip Code 21042	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Metropolitan Medical System	Occupation Surgeon		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 18396 Fairway Oaks Sq

City Leesburg State VA Zip Code 20176

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

Name of Employer CTIS, Inc. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : SA11Al.14747**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 18396 Fairway Oaks Sq

City Leesburg State VA Zip Code 20176

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

Name of Employer CTIS, Inc. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : SA11Al.14749**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 3511 N 52nd Ave

City Holloywood State FL Zip Code 33021

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

Name of Employer Memeber of US Congress Occupation Government Relation Liaison

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 16 / 2013

**Transaction ID : SA11Al.14797**

Amount of Each Receipt this Period  
 250.00

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 5435 Watercress Pl

City Columbia State MD Zip Code 21045

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

Name of Employer Occupation  
Ober, Kaler, Grimer Shriver Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 11 / 2013

**Transaction ID : SA11Al.14764**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2132 Bayview Dr

City Fort Lauderdale State FL Zip Code 33305

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 16 / 2013

**Transaction ID : SA11Al.14788**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2514 Chestnut Woods Court

City Reisterstown State MD Zip Code 21136

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

Name of Employer Occupation  
Career Communications Group Publisher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11Al.14931**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 1620 Ridgecrest

City Edmond State OK Zip Code 73013

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2013

**Transaction ID : SA11AI.14760**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address P. O. Box 24145

City Baltimore State MD Zip Code 21227

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

Name of Employer Alfred Tyler & Assoc Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 23 / 2013

**Transaction ID : SA11AI.14810**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 4782 Wellesley Dr

City Woodbridge State VA Zip Code 22192

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

Name of Employer National Assoc Community Healt Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2013

**Transaction ID : SA11AI.14735**

Amount of Each Receipt this Period  
 2500.00

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

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

3300.00

**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 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 3521 Old Court Rd

City Baltimore State MD Zip Code 21208

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

Name of Employer Broadcasters Assoc Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : SA11AI.14913**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 11490 Corinthia CT

City Woodbridge State VA Zip Code 11191

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2013

**Transaction ID : SA11AI.14736**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3000.00

44000.00

**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 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE**

Mailing Address 1120 CONNECTICUT AVE. NW  
SUITE 480

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : SA11C.14754**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 800 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00300707

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : SA11C.14941**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Assn of Nurse Practitioners PAC**

Mailing Address PO Box 12846

City Austin State TX Zip Code 78711

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 01 / 2013

**Transaction ID : SA11C.14898**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 101 NORTH THIRD STREET

City State Zip Code  
MOORHEAD MN 56560

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 21 2013

**Transaction ID : SA11C.14940**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED**

Mailing Address 1625 L STREET NW

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 29 2013

**Transaction ID : SA11C.14755**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 11 2013

**Transaction ID : SA11C.14776**

Amount of Each Receipt this Period  
5000.00

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

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

11500.00

**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 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 325 7TH STREET NW

City WASHINGTON State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : SA11C.14925**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND**

Mailing Address 2 West Dixie Highway

City Dania Beach State FL Zip Code 33004

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : SA11C.14922**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND**

Mailing Address 2 West Dixie Highway

City Dania Beach State FL Zip Code 33004

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : SA11C.14923**

Amount of Each Receipt this Period  
**1500.00**

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 499 SOUTH CAPITOL STREET SW #409

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2013

Transaction ID : SA11C.14911

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. AMERICAN SHIPPING AND LOGISTICS GROUP INC FREEDOM PAC/ASL FREEDOM PAC**

Mailing Address 1 Maynard Drive

City State Zip Code  
Park Ridge NJ 07656

FEC ID number of contributing federal political committee. **C** C00432963

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2013

Transaction ID : SA11C.14801

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. AMERICAN WATERWAYS OPERATORS-PAC**

Mailing Address 801 North Quincy Street Suite 200

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00034678

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

Transaction ID : SA11C.14921

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address 601 13TH STREET, NW  
12TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11C.14995**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION OF MARYLAND PILOTS PAC**

Mailing Address 3720 DILLON STREET

City BALTIMORE State MD Zip Code 21224

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 01 / 2013

**Transaction ID : SA11C.14906**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 175 E. Houston Street  
Room 7-A-50

City San Antonio State TX Zip Code 78205

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : SA11C.14926**

Amount of Each Receipt this Period  
 2000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BOEING COMPANY POLITICAL ACTION COMMITTEE, THE**

Mailing Address 1200 Wilson Blvd

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2013

**Transaction ID : SA11C.14907**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BOEING COMPANY POLITICAL ACTION COMMITTEE, THE**

Mailing Address 1200 Wilson Blvd

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2013

**Transaction ID : SA11C.14909**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
CARPENTERS LEGISLATIVE IMPROVEMENT COMM, UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AME

Mailing Address 101 CONSTITUTION AVENUE NW

City State Zip Code  
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2013

**Transaction ID : SA11C.14763**

Amount of Each Receipt this Period  
5000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 27 OF 75  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CLEAR CHANNEL COMMUNICATIONS INC. PAC**

Mailing Address 200 E. BASSE ROAD

City State Zip Code  
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 01 / 2013

**Transaction ID : SA11C.14902**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 100 INDIANA AVE., N. W.

City State Zip Code  
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2013

**Transaction ID : SA11C.14993**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 195 Sykes Rd

City State Zip Code  
Canton NY 13617

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2013

**Transaction ID : SA11C.14695**

Amount of Each Receipt this Period  
7.00

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

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

3007.00

**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 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CROWLEY MARITIME CORPORATION FEDERAL PAC**

Mailing Address 575 7th Street N.W.  
Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00147231**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : SA11C.14945**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

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

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 01 / 2013

**Transaction ID : SA11C.14910**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')**

Mailing Address 601 Hawaii Street  
C/O CONGRESSIONAL CONSULTANTS

City El Segundo State CA Zip Code 90245

FEC ID number of contributing federal political committee. **C C00340943**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : SA11C.14944**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11C.14988**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**FLORIDA SUGAR CANE LEAGUE PAC**

Mailing Address 115 SOUTH LOPEZ DRAWER 1208

City CLEWISTON State FL Zip Code 33440

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11C.14991**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)**

Mailing Address 2941 Fairview Park Dr.  
Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : SA11C.14943**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A. Full Name (Last, First, Middle Initial)**  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1299 Pennsylvania Ave NW  
STE 1100

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 16 / 2013

**Transaction ID : SA11C.14934**

Amount of Each Receipt this Period  
2500.00

**B. Full Name (Last, First, Middle Initial)**  
**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 101 EAST STATE STREET

City KENNETT SQUARE State PA Zip Code 19348

FEC ID number of contributing federal political committee. **C** C00292094

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 11 / 2013

**Transaction ID : SA11C.14773**

Amount of Each Receipt this Period  
1000.00

**C. Full Name (Last, First, Middle Initial)**  
**GREAT LAKES SUGARBEET GROWERS POLITICAL ACTION COMMITTEE**

Mailing Address 4800 FASHION SQUARE BLVD  
#300 PLAZA N

City SAGINAW State MI Zip Code 48604

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2013

**Transaction ID : SA11C.14996**

Amount of Each Receipt this Period  
1500.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 75	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**HCR MANOR CARE PAC**

Mailing Address 333 NORTH SUMMIT STREET 16TH FLOOR

City Toledo State OH Zip Code 43699

FEC ID number of contributing federal political committee. **C C00260141**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 11 / 2013

**Transaction ID : SA11C.14772**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HONEYWELL EMPLOYEE CITIZENSHIP FUND HONEYWELL INC.**

Mailing Address 1001 PENNSYLVANIA AVE NW STE 700 S

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00079533**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 11 / 2013

**Transaction ID : SA11C.14775**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**HONEYWELL EMPLOYEE CITIZENSHIP FUND HONEYWELL INC.**

Mailing Address 1001 PENNSYLVANIA AVE NW STE 700 S

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00079533**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA11C.14881**

Amount of Each Receipt this Period  
 -5000.00  
 Returned deposit

**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 32 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**HONEYWELL EMPLOYEE CITIZENSHIP FUND HONEYWELL INC.**

Mailing Address 1001 PENNSYLVANIA AVE NW STE 700 S

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00079533

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2013

**Transaction ID : SA11C.14817**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**HORIZON LINES LLC ASSOCIATES GOOD GOVERNMENT FUND/HORIZON LINES ASSOCIATES GOOD GOVT FUND**

Mailing Address 1050 Connecticut Ave NW Suite 1200 c/o T. WALLS

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00385179

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : SA11C.14917**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS**

Mailing Address 1750 NEW YORK NW

City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11C.14989**

Amount of Each Receipt this Period  
 1000.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL FEDERATION/PROFESSIONAL**

Mailing Address 8630 FENTON STREET SUITE 400

City	State	Zip Code
SILVER SPRING	MD	20910

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11C.14811**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**International Organization of Masters Mates & Pilots**

Mailing Address 700 Martime Blvd

City	State	Zip Code
Linthicum	MD	21090

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11C.14903**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL UNION OF OPERATING ENGINEERS**

Mailing Address 1125 17 STREET NW

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11C.14762**

Amount of Each Receipt this Period

**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 34 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**IRONWORKERS POLITICAL ACTION LEAGUE**

Mailing Address 1750 NY AVE, NW SUITE 400

City	State	Zip Code
WASHINGTON	DC	20006

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

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2013

**Transaction ID : SA11C.14727**

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**JONES WALKER WAECHTER POITEVENT CARRERE & DENEGRE POLITICAL ACTION COMMITTEE**

Mailing Address 201 St. Charles Avenue  
49th Floor

City	State	Zip Code
New Orleans	LA	70170

FEC ID number of contributing federal political committee. **C** C00111534

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : SA11C.14918**

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NA**

Mailing Address 905 16TH STREET, N.W.

City	State	Zip Code
WASHINGTON	DC	20006

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  
 12 / 28 / 2013

**Transaction ID : SA11C.14992**

Amount of Each Receipt this Period

500.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 35 OF 75  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NA**

Mailing Address 905 16TH STREET, N.W.

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11C.14994**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11C.14742**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11C.14908**

Amount of Each Receipt this Period

**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 36 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MAERSK INC. GOOD GOVERNMENT FUND**

Mailing Address 1530 Wilson Blvd.  
Suite 650

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00217471

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2013

**Transaction ID : SA11C.14804**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MEBA POLITICAL FUND (MEBA-PAF) DISTRICT NO. 1-PCD**

Mailing Address 444 North Capitol Street  
Suite 8000

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00279380

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2013

**Transaction ID : SA11C.14905**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**MEBA POLITICAL FUND (MEBA-PAF) DISTRICT NO. 1-PCD**

Mailing Address 444 North Capitol Street  
Suite 8000

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00279380

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11C.14990**

Amount of Each Receipt this Period  
 1500.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 37 OF 75  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)**

Mailing Address 7525 RED RIVER ROAD

City State Zip Code  
WAHPETON ND 58075

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 16 2013

**Transaction ID : SA11C.14932**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ACTION COMMITTEE (NACPAC)**

Mailing Address 3389 SHERIDAN ST.  
#424

City State Zip Code  
HOLLYWOOD FL 33021

FEC ID number of contributing federal political committee. **C** C00147983

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 16 2013

**Transaction ID : SA11C.14799**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)**

Mailing Address 1150 17TH STREET NW SUITE 701

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 06 2013

**Transaction ID : SA11C.14726**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 38 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)  
PEPCO HOLDINGS INC PEPCO-CONNECTIV POLITICAL ACTION COMMITTEE AKA PHI PAC

Mailing Address 701 NINTH STREET NW ROOM 5218

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2013

Transaction ID : SA11C.14741

Amount of Each Receipt this Period  
 2600.00

Full Name (Last, First, Middle Initial)  
PITNEY BOWES INC CONNECTICUT POLITICAL ACTION COMMITTEE

Mailing Address C/O PITNEY BOWES INC MSC 64-23  
1 ELMCROFT ROAD

City State Zip Code  
STAMFORD CT 06926

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2013

Transaction ID : SA11C.14997

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT AFL-CIO

Mailing Address 815 16th St. NW Suite 600

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2013

Transaction ID : SA11C.14904

Amount of Each Receipt this Period  
 1000.00

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

4600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**RAYTHEON POLITICAL ACTION COMMITTEE**

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11C.14803**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 NORTH MICHIGAN AVE

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11C.14901**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 NORTH MICHIGAN AVE

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11C.14924**

Amount of Each Receipt this Period

**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 40 OF 75  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD DIST (SPAD)

A. Mailing Address 5201 AUTH WAY

City State Zip Code  
CAMP SPRINGS MD 20746

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

Transaction ID : SA11C.14919

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD DIST (SPAD)

B. Mailing Address 5201 AUTH WAY

City State Zip Code  
CAMP SPRINGS MD 20746

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

Transaction ID : SA11C.14920

Amount of Each Receipt this Period  
 4500.00

Full Name (Last, First, Middle Initial)  
THE PROCTER & GAMBLE COMPANY GOOD GOVERNMENT FUND (P&G GGF)

C. Mailing Address ONE PROCTER & GAMBLE PLAZA

City State Zip Code  
CINCINNATI OH 45202

FEC ID number of contributing federal political committee. **C** C00257329

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2013

Transaction ID : SA11C.14814

Amount of Each Receipt this Period  
 1000.00

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

6000.00

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

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

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

FOR LINE NUMBER: PAGE 41 OF 75  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Mailing Address **8000 EAST JEFFERSON**

City State Zip Code  
**DETROIT MI 48214**

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 16 2013**

**Transaction ID : SA11C.14802**

Amount of Each Receipt this Period  
**2000.00**

B. Full Name (Last, First, Middle Initial)  
**UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE**

Mailing Address **8315 LEE HIGHWAY FIFTH FLOOR**

City State Zip Code  
**FAIRFAX VA 22031**

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 01 2013**

**Transaction ID : SA11C.14912**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION POLITICAL EDUCATION LEAGUE**

Mailing Address **14600 DETROIT AVENUE**

City State Zip Code  
**CLEVELAND OH 44107**

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 23 2013**

**Transaction ID : SA11C.14812**

Amount of Each Receipt this Period  
**2500.00**

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

**5500.00**

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

**102607.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2013
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 28.98 <b>Transaction ID : SB17.14728</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 1.59 <b>Transaction ID : SB17.14734</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 59.25 <b>Transaction ID : SB17.14746</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	89.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 0.45 <b>Transaction ID : SB17.14756</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Service Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2013
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 31.84 <b>Transaction ID : SB17.14757</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Service Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 10.74 <b>Transaction ID : SB17.14890</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Service Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2013	
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 9.88	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.14915	
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013	
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 19.75	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.14929	
Purpose of Disbursement Service Fee		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2013	
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 19.75	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.14987	
Purpose of Disbursement Service Fee		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	49.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 75	
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. A S Midway Tours</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 3834 Lewin Ave		Amount of Each Disbursement this Period 550.00 <b>Transaction ID : SB17.14984</b>
City Baltimore	State MD Zip Code 21215	
Purpose of Disbursement Transportation	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 15800 Collington Rd		Amount of Each Disbursement this Period 1106.95 <b>Transaction ID : SB17.15008</b>
City Bowie	State MD Zip Code 20715	
Purpose of Disbursement Computer	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Browns Photography</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 5126 Crest Haven Way		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : SB17.14824</b>
City Perry Hall	State MD Zip Code 21128	
Purpose of Disbursement Photography	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2606.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Browns Photography</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2013		
Mailing Address 5126 Crest Haven Way			Amount of Each Disbursement this Period 500.00		
City Perry Hall	State MD	Zip Code 21128	Transaction ID : SB17.14958		
Purpose of Disbursement Photography		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Choice Visa</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013		
Mailing Address P. O. Box 6248			Amount of Each Disbursement this Period 3060.00		
City Sioux Falls	State SD	Zip Code 57117	Transaction ID : SB17.14837		
Purpose of Disbursement Catering		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Michael Christinanson</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013		
Mailing Address 189 Edgewater Road, RR 14			Amount of Each Disbursement this Period 500.00		
City Pasadena	State MD	Zip Code 21122	Transaction ID : SB17.14823		
Purpose of Disbursement Media Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4060.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CitiCard</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address P.O. Box 6401		Amount of Each Disbursement this Period 2130.00 <b>Transaction ID : SB17.14978</b>
City The Lakes	State NV	
Zip Code 88901	Purpose of Disbursement Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Class Act Catering, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 626 N. Chester Street		Amount of Each Disbursement this Period 11000.00 <b>Transaction ID : SB17.14973</b>
City Baltimore	State MD	
Zip Code 21205	Purpose of Disbursement Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Class Act Catering, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 626 N. Chester Street		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.14983</b>
City Baltimore	State MD	
Zip Code 21205	Purpose of Disbursement Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16630.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 72.37
City Southeastern	State PA	
Zip Code 19398	Purpose of Disbursement Internet Provider	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 72.37
City Southeastern	State PA	
Zip Code 19398	Purpose of Disbursement Internet Provider	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 72.37
City Southeastern	State PA	
Zip Code 19398	Purpose of Disbursement Internet Provider	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	217.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Elijah Cummings</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013		
Mailing Address 2901 Druid Park Drive Suite 203			Amount of Each Disbursement this Period 100.00		
City Baltimore	State MD	Zip Code 21215	Transaction ID : SB17.14975		
Purpose of Disbursement Registration Fee		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Allen Dyer</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013		
Mailing Address 13340 Hunt Ridge			Amount of Each Disbursement this Period 990.00		
City Ellicott City	State MD	Zip Code 21042	Transaction ID : SB17.14846		
Purpose of Disbursement Computer Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Allen Dyer</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013		
Mailing Address 13340 Hunt Ridge			Amount of Each Disbursement this Period 427.50		
City Ellicott City	State MD	Zip Code 21042	Transaction ID : SB17.14866		
Purpose of Disbursement Computer Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1517.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 75	
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Joyce Farrington</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 5903 Bland Avenue		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.14969</b>
City Baltimore	State MD Zip Code 21215	
Purpose of Disbursement Campaign Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joyce Farrington</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 5903 Bland Avenue		Amount of Each Disbursement this Period 164.25 <b>Transaction ID : SB17.15005</b>
City Baltimore	State MD Zip Code 21215	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address Box 220564		Amount of Each Disbursement this Period 649.81 <b>Transaction ID : SB17.14819</b>
City Pittsburg	State PA Zip Code 15257	
Purpose of Disbursement Payment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1464.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Ford Credit</b>		M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address Box 220564		Amount of Each Disbursement this Period
City Pittsburg	State PA	Zip Code 15257
Purpose of Disbursement Payment	Category/ Type	
Candidate Name	Transaction ID : SB17.14849	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Ford Credit</b>		M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address Box 220564		Amount of Each Disbursement this Period
City Pittsburg	State PA	Zip Code 15257
Purpose of Disbursement Payment	Category/ Type	
Candidate Name	Transaction ID : SB17.14951	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. GEICO</b>		M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address One GEICO Plaza		Amount of Each Disbursement this Period
City Washington	State DC	Zip Code 20076
Purpose of Disbursement Insurance	Category/ Type	
Candidate Name	Transaction ID : SB17.14845	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2324.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Calvin Jones</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 3613 Forest Hill Rd		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.15004</b>
City Baltimore	State MD	
Zip Code 21207	Purpose of Disbursement Campaign Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mayor &amp; City Council of Baltimore</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 2223 Wheatley Drive		Amount of Each Disbursement this Period 770.14 <b>Transaction ID : SB17.14834</b>
City Baltimore	State MD	
Zip Code 21207	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mayor &amp; City Council of Baltimore</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 2223 Wheatley Drive		Amount of Each Disbursement this Period 770.14 <b>Transaction ID : SB17.14855</b>
City Baltimore	State MD	
Zip Code 21207	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1790.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 75	
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mayor &amp; City Council of Baltimore</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 2223 Wheatley Drive			Amount of Each Disbursement this Period 770.14 <b>Transaction ID : SB17.14955</b>
City Baltimore	State MD	Zip Code 21207	
Purpose of Disbursement Rent		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Media Minds</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 1114 Whitlock Street			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.14970</b>
City Baltimore	State MD	Zip Code 21217	
Purpose of Disbursement Holiday Reception		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 30 Ivy Street, SE			Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.14859</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Dues		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1290.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayChex Payroll</b>		Date of Disbursement
Mailing Address 700 Red Brook Blvd, Suite 200		M M / D D / Y Y Y Y 10 / 01 / 2013
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 343.54	
Candidate Name	Transaction ID : SB17.14870	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PayChex Payroll</b>		Date of Disbursement
Mailing Address 700 Red Brook Blvd, Suite 200		M M / D D / Y Y Y Y 10 / 10 / 2013
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement Payroll Services	Amount of Each Disbursement this Period 146.12	
Candidate Name	Transaction ID : SB17.14869	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PayChex Payroll</b>		Date of Disbursement
Mailing Address 700 Red Brook Blvd, Suite 200		M M / D D / Y Y Y Y 10 / 11 / 2013
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement Salaries	Amount of Each Disbursement this Period 732.96	
Candidate Name	Transaction ID : SB17.14871	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1222.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 75	
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 343.54 <b>Transaction ID : SB17.14872</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 732.96 <b>Transaction ID : SB17.14873</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Salaries	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 343.54 <b>Transaction ID : SB17.14874</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1420.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 75	
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 158.62 <b>Transaction ID : SB17.14875</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 732.96 <b>Transaction ID : SB17.14876</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Salaries	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 343.54 <b>Transaction ID : SB17.14877</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1235.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 75	
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 732.96 <b>Transaction ID : SB17.14878</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Salaries Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 343.54 <b>Transaction ID : SB17.14879</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 146.12 <b>Transaction ID : SB17.14946</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1222.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 732.96 <b>Transaction ID : SB17.14947</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Salaries	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 343.54 <b>Transaction ID : SB17.14948</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 732.96 <b>Transaction ID : SB17.14949</b>
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Salaries	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1809.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 75	
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Reginald L. Lewis Museum</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013	
Mailing Address 830 E. Pratt Street			Amount of Each Disbursement this Period 3125.00	
City Baltimore	State MD	Zip Code 21202	Transaction ID : SB17.14972	
Purpose of Disbursement Holiday Reception		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Harry Spikes</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013	
Mailing Address 12 Jonquil Ave			Amount of Each Disbursement this Period 250.00	
City Landover	State MD	Zip Code 20785	Transaction ID : SB17.14820	
Purpose of Disbursement Campaign Services		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Harry Spikes</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013	
Mailing Address 12 Jonquil Ave			Amount of Each Disbursement this Period 250.00	
City Landover	State MD	Zip Code 20785	Transaction ID : SB17.14854	
Purpose of Disbursement Campaign Services		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 75	
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Amy Stratton</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2013</b>
Mailing Address <b>7620 Woodpark Lane, #204</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB17.14821</b>
City <b>Columbia</b> State <b>MD</b> Zip Code <b>21046</b>	Purpose of Disbursement <b>Campaign Services</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Lawrence A. Beck Co.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 09 / 2013</b>
Mailing Address <b>7120 Ambassador Dr</b>		Amount of Each Disbursement this Period <b>684.00</b> <b>Transaction ID : SB17.14976</b>
City <b>Baltimore</b> State <b>MD</b> Zip Code <b>21244</b>	Purpose of Disbursement <b>Plaques</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Lawrence A. Beck Co.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 12 / 2013</b>
Mailing Address <b>7120 Ambassador Dr</b>		Amount of Each Disbursement this Period <b>89.48</b> <b>Transaction ID : SB17.14977</b>
City <b>Baltimore</b> State <b>MD</b> Zip Code <b>21244</b>	Purpose of Disbursement <b>Plaques</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1773.48</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Ronald Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : SB17.14836</b>
City Baltimore	State MD	
Zip Code 21203	Purpose of Disbursement Treasury Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ronald Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 46.00 <b>Transaction ID : SB17.14843</b>
City Baltimore	State MD	
Zip Code 21203	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ronald Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : SB17.14857</b>
City Baltimore	State MD	
Zip Code 21203	Purpose of Disbursement Treasury Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2146.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 75	
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Ronald Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.14952</b>
City Baltimore	State MD	
Zip Code 21203	Purpose of Disbursement Treasury Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ronald Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : SB17.14957</b>
City Baltimore	State MD	
Zip Code 21203	Purpose of Disbursement Treasury Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Time Printers</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 227 N. Warwick		Amount of Each Disbursement this Period 344.50 <b>Transaction ID : SB17.14974</b>
City Baltimore	State MD	
Zip Code 21223	Purpose of Disbursement Printing & Duplication	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2044.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Union Street Media</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 2711 Farnsworth Dr		Amount of Each Disbursement this Period 3675.00 <b>Transaction ID : SB17.14840</b>
City Alexandria	State VA	
Zip Code 22303	Purpose of Disbursement Computer Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address P O Box 17577		Amount of Each Disbursement this Period 297.54 <b>Transaction ID : SB17.14818</b>
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Phone Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address P O Box 17577		Amount of Each Disbursement this Period 297.50 <b>Transaction ID : SB17.14848</b>
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Phone Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4270.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address P O Box 17577		Amount of Each Disbursement this Period 297.70
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Phone Services	Transaction ID : SB17.14953
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address P. O. Box 17464		Amount of Each Disbursement this Period 1114.93
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Phone Services	Transaction ID : SB17.14833
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address P. O. Box 17464		Amount of Each Disbursement this Period 479.65
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Phone Services	Transaction ID : SB17.14858
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1892.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 1280.00 <b>Transaction ID : SB17.14825</b>
City Tampa State FL Zip Code 33630	Purpose of Disbursement Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 399.11 <b>Transaction ID : SB17.14826</b>
City Tampa State FL Zip Code 33630	Purpose of Disbursement Fuel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 74.94 <b>Transaction ID : SB17.14827</b>
City Tampa State FL Zip Code 33630	Purpose of Disbursement Internet	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1754.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Visa - Harbor Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013	
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 91.41	
City Tampa	State FL	Zip Code 33630	Transaction ID : SB17.14828	
Purpose of Disbursement Meals		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Visa - Harbor Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013	
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 26.10	
City Tampa	State FL	Zip Code 33630	Transaction ID : SB17.14829	
Purpose of Disbursement Parking		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Visa - Harbor Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013	
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 40.28	
City Tampa	State FL	Zip Code 33630	Transaction ID : SB17.14830	
Purpose of Disbursement Supplies		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	157.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Visa - Harbor Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013		
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 1023.63		
City Tampa	State FL	Zip Code 33630	Transaction ID : SB17.14831		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Visa - Harbor Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013		
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 453.79		
City Tampa	State FL	Zip Code 33630	Transaction ID : SB17.14860		
Purpose of Disbursement Fuel		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Visa - Harbor Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013		
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 74.94		
City Tampa	State FL	Zip Code 33630	Transaction ID : SB17.14861		
Purpose of Disbursement Internet		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1552.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 21.00 <b>Transaction ID : SB17.14862</b>
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Meals	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 65.13 <b>Transaction ID : SB17.14863</b>
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Parking	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 105.80 <b>Transaction ID : SB17.14864</b>
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	191.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 414.82 <b>Transaction ID : SB17.14865</b>
City Tampa State FL Zip Code 33630	Purpose of Disbursement Computer Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 485.80 <b>Transaction ID : SB17.14883</b>
City Tampa State FL Zip Code 33630	Purpose of Disbursement Trave;	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 272.70 <b>Transaction ID : SB17.14960</b>
City Tampa State FL Zip Code 33630	Purpose of Disbursement Fuel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1173.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 12 3 4 5 6 7 8 9 0 24.95
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Internet	Candidate Name	<b>Transaction ID : SB17.14961</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 12 3 4 5 6 7 8 9 0 194.25
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Loding	Candidate Name	<b>Transaction ID : SB17.14962</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Visa - Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address P. O. Box 30131		Amount of Each Disbursement this Period 12 3 4 5 6 7 8 9 0 897.92
City Tampa	State FL Zip Code 33630	
Purpose of Disbursement Supplies	Candidate Name	<b>Transaction ID : SB17.14963</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1117.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Visa - Harbor Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013		
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 187.85		
City Tampa	State FL	Zip Code 33630	Transaction ID : SB17.14964		
Purpose of Disbursement Meals		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Visa - Harbor Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013		
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 230.00		
City Tampa	State FL	Zip Code 33630	Transaction ID : SB17.14967		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Visa - Harbor Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013		
Mailing Address P. O. Box 30131			Amount of Each Disbursement this Period 4.24		
City Tampa	State FL	Zip Code 33630	Transaction ID : SB17.14968		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	422.09
<b>TOTAL</b> This Period (last page this line number only).....	61113.01

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 430 S. Capitol Street		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB21.14832</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 430 S. Capitol Street		Amount of Each Disbursement this Period 6000.00 <b>Transaction ID : SB21.14847</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Friends of Alonzo Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address PO Box 224		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.14841</b>
City Hyattsville State MD Zip Code 20781	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 75	
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Friends of MaryIn Mosby</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2013
Mailing Address 2104 Boston Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.14979</b>
City Baltimore	State MD	
Zip Code 21217	Purpose of Disbursement Donation	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Friends of Will Jawando</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address PO Box 4614		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.14838</b>
City Silver Springs	State MD	
Zip Code 20914	Purpose of Disbursement Donation	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JOHN TIERNEY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 49 FEDERAL STREET		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15001</b>
City SALEM	State MA	
Zip Code 01970	Purpose of Disbursement Donation	Category/Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: MA District: 06	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 75			
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address PO BOX 50084		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15002</b>
City FORT WORTH	State TX	
Zip Code 76105	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 33	

Full Name (Last, First, Middle Initial) <b>B. Maryland Black Caucus</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 10500 Little Patuxent Parkway Ste 640		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB21.14850</b>
City Columbia	State MD	
Zip Code 21044	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MOORE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address PO BOX 16646		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.14999</b>
City MILWAUKEE	State WI	
Zip Code 53216	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WI District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 75
	<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Morgan State University Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 1700 E. Cold Spring		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.14981</b>
City Baltimore	State MD Zip Code 21251	
Purpose of Disbursement Donation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SANFORD D. BISHOP, JR. FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address P. O. Box 909		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB21.14950</b>
City Columbus	State GA Zip Code 31902	
Purpose of Disbursement Donation	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 02		

Full Name (Last, First, Middle Initial) <b>C. SANFORD D. BISHOP, JR. FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address P. O. Box 909		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.14998</b>
City Columbus	State GA Zip Code 31902	
Purpose of Disbursement Donation	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	25100.00