

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
Friends of John Sarbanes

ADDRESS (number and street) P.O. Box 6854  
 Check if different than previously reported. (ACC) Towson MD 21285

2. **FEC IDENTIFICATION NUMBER** C C00415182 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
MD 03

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
06 / 05 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Meghan Stumpf  
Signature of Treasurer Meghan Stumpf *[Electronically Filed]* Date M M / D D / Y Y Y Y  
07 / 03 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Friends of John Sarbanes**

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))....	48750.00	713600.37
(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)).....	48750.00	713600.37
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	43544.74	546162.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	43544.74	546162.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	933086.16	
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

Friends of John Sarbanes

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	48740.00	712940.37
(ii) Unitemized.....	10.00	660.00
(iii) TOTAL of contributions from individuals ▶	48750.00	713600.37
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	48750.00	713600.37
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	48750.00	713600.37

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43544.74	546162.18
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 .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	43544.74	546162.18

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	927880.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	48750.00
25. SUBTOTAL (add Line 23 and Line 24).....	976630.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43544.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	933086.16

**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 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 5630 Wisconsin Ave Apt 1205

City Chevy Chase	State MD	Zip Code 20815-4457
---------------------	-------------	------------------------

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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : VN90PCQSYR2**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 5630 Wisconsin Ave Apt 1205

City Chevy Chase	State MD	Zip Code 20815-4457
---------------------	-------------	------------------------

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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : VN90PCQTEH0**

Amount of Each Receipt this Period  
2400.00

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

Mailing Address 10701 Venetia Mill Cir

City Silver Spring	State MD	Zip Code 20901-1500
-----------------------	-------------	------------------------

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

Name of Employer Andris Realty, Inc.	Occupation Real Estate
---	---------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : VN90PCQ0ZT5**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address **PO Box 42514**

City **Washington** State **DC** Zip Code **20015-0514**

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

Name of Employer **Pillsbury Winthrop Shaw Pittman LLP** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 22 / 2014**

**Transaction ID : VN90PCQZZ60**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address **3220 Elliott St**

City **Baltimore** State **MD** Zip Code **21224-5016**

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

Name of Employer **Gamse Lithographing Co** Occupation **Sales VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

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

**Transaction ID : VN90PCQR9V3**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **5315 Manning PI NW**

City **Washington** State **DC** Zip Code **20016-5311**

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

Name of Employer **Green Strategies Inc.** Occupation **Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : VN90PCRAT57**

Amount of Each Receipt this Period  
**500.00**

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

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

**3050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 11 Whitebridge Ct

City Baltimore State MD Zip Code 21208-1736

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : VN90PCQG862**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 5 Eastway

City Bronxville State NY Zip Code 10708-4301

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

Name of Employer Akin Gump Strauss Hauer & Feld LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : VN90PCQTEM4**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 7310 Cedar Avenue

City Takoma Park State MD Zip Code 20912-4248

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  
4000.00

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

**Transaction ID : VN90PCR7MA2**

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 8 OF 52
	<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)  
**Friends of John Sarbanes**

**A.** Full Name (Last, First, Middle Initial)  
**Albert L Blumberg MD**

Mailing Address 8 Jenny Ln

City Baltimore State MD Zip Code 21208-1613

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

Name of Employer R.O.H. P.A. Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VN90PCQR9E1**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 201 N Charles St Ste 2400

City Baltimore State MD Zip Code 21201-4110

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

Name of Employer Boulard & Brush, LLC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : VN90PCQDPW0**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Juanita M Cage Lewis**

Mailing Address 17 B Hicks Ave

City Annapolis State MD Zip Code 21401-3920

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : VN90PCQ9AS2**

Amount of Each Receipt this Period  
 5.00

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

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

305.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 1629 S. Charles St

City Baltimore State MD Zip Code 21230

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  
20.00

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

**Transaction ID : VN90PCRTAN6**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 13316 Foxhall Dr

City Silver Spring State MD Zip Code 20906-5308

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  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : VN90PCR25C5**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 535 Park Ave

City New York State NY Zip Code 10065-8167

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

Name of Employer Southern Star Shipping Co., Inc. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VN90PCPXXJ3**

Amount of Each Receipt this Period  
250.00

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

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

370.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<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)  
**Friends of John Sarbanes**

**A.** Full Name (Last, First, Middle Initial)  
**Jane W. Daniels**

Mailing Address 210 Ridgewood Rd

City Baltimore State MD Zip Code 21210-2539

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : VN90PCR25B7**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 508 Louden Ct

City Silver Spring State MD Zip Code 20901-3661

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : VN90PCQ1K84**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 7 Caveswood Ln

City Owings Mills State MD Zip Code 21117-2913

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

Name of Employer Adell Plastics Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VN90PCPXY29**

Amount of Each Receipt this Period  
 200.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
	<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)  
**Friends of John Sarbanes**

**A.** Full Name (Last, First, Middle Initial)  
**Bess T. Demas**

Mailing Address **PO Box 3538**

City **Annapolis** State **MD** Zip Code **21403-0538**

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

Name of Employer **Self Employed** Occupation **Real Estate**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : VN90PCQ9B15**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **3713 Birchmere Ct**

City **Owings Mills** State **MD** Zip Code **21117-1298**

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

Name of Employer **Johns Hopkins University** Occupation **Audiologist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

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

**Transaction ID : VN90PCQGZ12**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **410 Merryman Rd**

City **Annapolis** State **MD** Zip Code **21401-4225**

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

Name of Employer **Maryland Democratic Party** Occupation **Staff Assistant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : VN90PCQ99J6**

Amount of Each Receipt this Period  
**5.00**

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

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

**105.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
	<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)  
**Friends of John Sarbanes**

**A.** Full Name (Last, First, Middle Initial)  
**Henry E Dugan Jr.**

Mailing Address 1912 South Rd

City Baltimore State MD Zip Code 21209-4508

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

Name of Employer Dugan, Babij & Tolley LLC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : VN90PCR04E5**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 106 Oakdale Rd

City Baltimore State MD Zip Code 21210-2560

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

Name of Employer Self Employed Occupation City Planning Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

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

**Transaction ID : VN90PCPKT95**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 1113 Heartfields Drive

City Silver Spring State MD Zip Code 20904-2125

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

Name of Employer Montgomery College Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : VN90PCQ1JM8**

Amount of Each Receipt this Period  
**150.00**

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<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)  
**Friends of John Sarbanes**

**A.** Full Name (Last, First, Middle Initial)  
**Sarah K Elfreth**

Mailing Address 3713 Elm Ave

City Baltimore State MD Zip Code 21211-2207

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

Name of Employer The National Aquarium Occupation Government Affairs Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : VN90PCQ9AC0**

Amount of Each Receipt this Period  
**5.00**

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

Mailing Address 2052 Huntwood Dr

City Gambrills State MD Zip Code 21054-2033

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 **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : VN90PCQCPX4**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 36 Old Landing Rd

City Tiburon State CA Zip Code 94920-1110

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : VN90PCPNMM7**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1055.00**

**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 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 2435 Still Forest Rd

City	State	Zip Code
Baltimore	MD	21208-3411

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

Name of Employer	Occupation
Ballard Spahr	Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 350.00

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

**Transaction ID : VN90PCQR6D6**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

Mailing Address 3708 Birchmere Ct

City	State	Zip Code
Owings Mills	MD	21117-1256

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

Name of Employer	Occupation
Physician	Sinai Hospital

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 100.00

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

**Transaction ID : VN90PCQR5Z6**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

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

Mailing Address 329 Tunbridge Rd

City	State	Zip Code
Baltimore	MD	21212-3802

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

Name of Employer	Occupation
Womble Carlyle Sandridge Rice, LLP	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  
 06 / 27 / 2014

**Transaction ID : VN90PCRFAE4**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

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

\_\_\_\_\_ 850.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 1629 S Charles St

City Baltimore State MD Zip Code 21230-4416

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

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

**Transaction ID : VN90PCRT807**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1629 S Charles St

City Baltimore State MD Zip Code 21230-4416

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

Name of Employer University of Maryland Shock Trauma Occupation Trauma Anesthesiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

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

**Transaction ID : VN90PCRTB45**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2714 N Norwood St

City Arlington State VA Zip Code 22207-5034

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

Name of Employer Venable LLP Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : VN90PCQCJ5**

Amount of Each Receipt this Period  
500.00

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

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

700.00

**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 52
	<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)  
**Friends of John Sarbanes**

**A.** Full Name (Last, First, Middle Initial)  
**Jaya N. Ghildiyal**

Mailing Address 1113 Heartfields Dr

City State Zip Code  
Silver Spring MD 20904-2125

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

Name of Employer Occupation  
US Dept of Health & Human Services Health Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2014

**Transaction ID : VN90PCQ1JJ3**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1113 Heartfields Dr

City State Zip Code  
Silver Spring MD 20904-2125

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

Name of Employer Occupation  
Globe One, Inc International Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
150.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2014

**Transaction ID : VN90PCQ1JP4**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 60 Amberstone Ct  
Apt G

City State Zip Code  
Annapolis MD 21403-5720

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

Name of Employer Occupation  
Friends of Mike Busch Campaign Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2014

**Transaction ID : VN90PCQ9GZ2**

Amount of Each Receipt this Period  
5.00

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

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

205.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 52
	<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)  
**Friends of John Sarbanes**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew J. Graham**

Mailing Address 2327 Boston St

City Baltimore State MD Zip Code 21224-3672

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

Name of Employer Kramon & Graham, P.A. Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : VN90PCRBHZ2**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 146 La Goma St

City Mill Valley State CA Zip Code 94941-2111

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

Name of Employer SayMedia Occupation Publisher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VN90PCPNNQ1**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 12103 Ravenwood Ct

City Silver Spring State MD Zip Code 20902-1576

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

Name of Employer United States Government Occupation Statistician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : VN90PCQ1KE2**

Amount of Each Receipt this Period  
50.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 800 W Lake Ave

City Baltimore State MD Zip Code 21210-1240

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

Name of Employer American Trading & Production Corp Occupation Business Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : VN90PCR25A9**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 4503 Owens Valley Dr

City West River State MD Zip Code 20778-2405

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

Name of Employer Venable LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : VN90PCRARY1**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 55 Spring Ln

City Tiburon State CA Zip Code 94920-1516

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

Name of Employer Ashfield Capital Partners Occupation Senior Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

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

**Transaction ID : VN90PCPNPM0**

Amount of Each Receipt this Period  
**100.00**

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

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

**1600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 52
	<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)  
**Friends of John Sarbanes**

**A. Menas Kafatos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13600 Marina Pointe Dr  
 Unit 509  
 City Marina Del Rey State CA Zip Code 90292-9249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chapman University Occupation Professor/Director  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : VN90PCQWYN2**  
 Amount of Each Receipt this Period  
 300.00

**B. Savas Konstantinides**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Merrivale Rd  
 City Great Neck State NY Zip Code 11021-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Omega Brokerage Occupation Broker  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : VN90PCQWYM4**  
 Amount of Each Receipt this Period  
 1000.00

**C. Marcie Koteen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3703 Birchmere Ct  
 City Owings Mills State MD Zip Code 21117-1298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Verizon Occupation Client Partner  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : VN90PCQGZB1**  
 Amount of Each Receipt this Period  
 50.00

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

1350.00

**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 52
	<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)  
**Friends of John Sarbanes**

**A.** Full Name (Last, First, Middle Initial)  
**Ava Lias-Booker**

Mailing Address 2808 Kings Gift Dr

City State Zip Code  
Ellicott City MD 21042-2032

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

Name of Employer Occupation  
McGuireWoods LLP Lawyer

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  
 06 / 08 / 2014

**Transaction ID : VN90PCPX8P0**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 106 Oakdale Rd

City State Zip Code  
Baltimore MD 21210-2560

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  
50.00

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

**Transaction ID : VN90PCPM2F1**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3704 Birchmere Ct

City State Zip Code  
Owings Mills MD 21117-1256

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

Name of Employer Occupation  
Loyola University Faculty

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

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

**Transaction ID : VN90PCQR6A3**

Amount of Each Receipt this Period  
50.00

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 2908 Indigobush Way

City Naples State FL Zip Code 34105-3007

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : VN90PCRRB16**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3712 Birchmere Ct

City Owings Mills State MD Zip Code 21117-1256

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

Name of Employer Azrael Franz Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

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

**Transaction ID : VN90PCQR5V4**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1007 Boyce Ave

City Baltimore State MD Zip Code 21204-3602

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

Name of Employer City of Baltimore Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : VN90PCR26F1**

Amount of Each Receipt this Period  
1000.00

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

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

2050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 326 E 18th St

City State Zip Code  
New York NY 10003-2893

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

Name of Employer Occupation  
Goldman Sachs Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : VN90PCQR5H5**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 326 E 18th St

City State Zip Code  
New York NY 10003-2893

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

Name of Employer Occupation  
Goldman Sachs Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : VN90PCQR5M9**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 18 Midvale Rd

City State Zip Code  
Baltimore MD 21210-2114

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

Name of Employer Occupation  
Venable LLP 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  
06 / 30 / 2014

**Transaction ID : VN90PCRNSE3**

Amount of Each Receipt this Period  
500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 134 La Goma St

City State Zip Code  
Mill Valley CA 94941-2111

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

Name of Employer Occupation  
Summit Partners Venture Capital

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

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

**Transaction ID : VN90PCPNNC6**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9026 Marseille Dr

City State Zip Code  
Potomac MD 20854-3120

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

Name of Employer Occupation  
Venable LLP 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  
 06 / 30 / 2014

**Transaction ID : VN90PCRRGD0**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1629 S Charles St

City State Zip Code  
Baltimore MD 21230-4416

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

Name of Employer Occupation  
Dr. Bowden, DDS Dental Hygienist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5.00

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

**Transaction ID : VN90PCRT9B6**

Amount of Each Receipt this Period  
5.00

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

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

1505.00

**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 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 1629 S Charles St

City Baltimore State MD Zip Code 21230-4416

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  
20.00

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

**Transaction ID : VN90PCRTBM1**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1610 Landon Rd

City Baltimore State MD Zip Code 21204-1935

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

Name of Employer James J Nolan Jr, LLC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : VN90PCR25G6**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 905 Oldham St

City Baltimore State MD Zip Code 21224-4508

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

Name of Employer Seaway Coating Inc. Occupation Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

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

**Transaction ID : VN90PCPKT54**

Amount of Each Receipt this Period  
25.00

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

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

245.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 4815 Essex Ave

City State Zip Code  
Chevy Chase MD 20815-5547

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

Name of Employer Occupation  
DICOM Grid Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : VN90PCRSVB5**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 537 Sollas Ct

City State Zip Code  
Lyndhurst NJ 07071-2711

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

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

**Transaction ID : VN90PCPXXT6**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 11963 Mays Chapel Rd

City State Zip Code  
Lutherville Timonium MD 21093-1876

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

Name of Employer Occupation  
Venable LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : VN90PCRTBS0**

Amount of Each Receipt this Period  
2500.00

**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 26 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 22 Arverne Ct

City State Zip Code  
Lutherville Timonium MD 21093-3038

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

Name of Employer Occupation  
Self Employed Hotel Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : VN90PCQ1KY8**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 107 Warren Ave

City State Zip Code  
Baltimore MD 21230-3914

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

Name of Employer Occupation  
Under Armour Sr. Financial Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

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

**Transaction ID : VN90PCRTCC1**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 929 Fell St

City State Zip Code  
Baltimore MD 21231-3563

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

Name of Employer Occupation  
Long & Foster Real Estate Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

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

**Transaction ID : VN90PCRTCW7**

Amount of Each Receipt this Period  
25.00

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

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

135.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 619 Cutter Ct

City Annapolis State MD Zip Code 21401-8201

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

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

**Transaction ID : VN90PCRTJD0**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4336 Morningwood Dr

City Olney State MD Zip Code 20832-2816

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

Name of Employer Information Requested Occupation Information Requested

Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2014

**Transaction ID : VN90PCQ1KG8**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 15813 Seurat Dr

City North Potomac State MD Zip Code 20878-3456

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

Name of Employer Information Requested Occupation Information Requested

Self Employed Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2014

**Transaction ID : VN90PCQ1K51**

Amount of Each Receipt this Period  
10.00

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

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

110.00

**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 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 204 Cedarcroft Rd

City Baltimore State MD Zip Code 21212-2516

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

Name of Employer Mid Atlantic Healthcare Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VN90PCQRAC8**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 1 Pomona East Apt 508

City Baltimore State MD Zip Code 21208-6517

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : VN90PCR2583**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3443 Guilford Ter

City Baltimore State MD Zip Code 21218-2827

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

Name of Employer Roswell Infographics Occupation Web Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : VN90PCQWYV9**

Amount of Each Receipt this Period  
 500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 7211 Brickyard Rd

City Potomac State MD Zip Code 20854-4808

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

Name of Employer George Washington 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 Y  
 06 / 13 / 2014

**Transaction ID : VN90PCQD4R1**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 8315 Burning Wood Rd

City Baltimore State MD Zip Code 21208-1710

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

Name of Employer WMS Partners Occupation Wealth 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  
 06 / 26 / 2014

**Transaction ID : VN90PCRC7A2**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 11817 Riding Loop Ter

City North Potomac State MD Zip Code 20878-3880

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

Name of Employer D3i Systems Occupation Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : VN90PCQ1JZ3**

Amount of Each Receipt this Period  
 50.00

**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 30 OF 52
	<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)  
**Friends of John Sarbanes**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Schatzow Esq.**

Mailing Address 2901 Boston St Apt 313

City	State	Zip Code
Baltimore	MD	21224-4888

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

Name of Employer	Occupation
Venable LLP	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  
 06 / 25 / 2014

**Transaction ID : VN90PCR74V1**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 915 Drohomer Pl

City	State	Zip Code
Baltimore	MD	21210-1342

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

Name of Employer	Occupation
Kramon & Graham, P.A.	Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : VN90PCRJME0**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 45 Roosevelt Cir

City	State	Zip Code
Palo Alto	CA	94306-4217

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

Name of Employer	Occupation
The David & Lucile Packard Fdn	PRI Program Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VN90PCPNMD1**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 52
	<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)  
**Friends of John Sarbanes**

**A.** Full Name (Last, First, Middle Initial)  
**Sandra Kay Stevenson**

Mailing Address 824 Southern Hills Dr

City State Zip Code  
Arnold MD 21012-2613

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  
5.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : VN90PCQ9AH9**

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
**Maureen O'Brien Sullivan**

Mailing Address 65 Montclair Ter

City State Zip Code  
San Francisco CA 94109-1517

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  
250.00

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

**Transaction ID : VN90PCPY95**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1111 Chatterleigh Cir

City State Zip Code  
Baltimore MD 21286-1755

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  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : VN90PCR4DB0**

Amount of Each Receipt this Period  
2500.00

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

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

2755.00

**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 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 7300 Goddard Dr

City Lanham State MD Zip Code 20706-3310

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

Name of Employer Capitol Tax Service Occupation Tax Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : VN90PCQRC71**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 10823 Topbranch Ln

City Columbia State MD Zip Code 21044-3683

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

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

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

**Transaction ID : VN90PCQR5G7**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 15219 Lions Den Rd

City Burtonsville State MD Zip Code 20866-5601

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

Name of Employer Montgomery County Public Schools Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : VN90PCQ1JD3**

Amount of Each Receipt this Period  
**50.00**

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

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

**150.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 52
	<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)  
**Friends of John Sarbanes**

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

Mailing Address 13625 Colefair Dr

City State Zip Code  
Silver Spring MD 20904-5414

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : VN90PCQ1NT2**

Amount of Each Receipt this Period  
100.00

Square

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

Mailing Address 6315 Dry Stone Gate

City State Zip Code  
Columbia MD 21045-2888

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

Name of Employer Occupation Information Requested  
Ventures Unlimited, Inc. Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

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

**Transaction ID : VN90PCQG846**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 3900 N. Charles St.  
Apt. 202

City State Zip Code  
Baltimore MD 21218-1777

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

Name of Employer Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

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

**Transaction ID : VN90PCPKT22**

Amount of Each Receipt this Period  
100.00

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

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

400.00

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

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

FOR LINE NUMBER: (check only one)		PAGE 34 OF 52		
<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)  
**Friends of John Sarbanes**

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

Mailing Address 2915 Woodvalley Dr

City Baltimore State MD Zip Code 21208-1915

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

Name of Employer Johns Hopkins School of Public Health Occupation Professor Emeritus

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : VN90PCROAS4**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

48740.00

**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 35 OF 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Andreas Nicholas Akaras</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2014</b>
Mailing Address <b>4611 Calvert Rd Apt 9</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : VN81E9SC2S0</b>
City <b>College Park</b> State <b>MD</b> Zip Code <b>20740-3400</b>	Purpose of Disbursement <b>Compensation</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anne Arundel County Democratic Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 12 / 2014</b>
Mailing Address <b>PO Box 487</b>		Amount of Each Disbursement this Period <b>415.00</b> <b>Transaction ID : VN81E9S92G5</b>
City <b>Glen Burnie</b> State <b>MD</b> Zip Code <b>21060-0487</b>	Purpose of Disbursement <b>Advertisement and Attend Event</b> Category/Type <b>004</b>	
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. Chase Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 21 / 2014</b>
Mailing Address <b>PO Box 15153</b>		Amount of Each Disbursement this Period <b>3693.37</b> <b>Transaction ID : VN81E9SAVT4</b>
City <b>Wilmington</b> State <b>DE</b> Zip Code <b>19886-5153</b>	Purpose of Disbursement <b>Credit Card Payment</b> Category/Type <b>001</b>	
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).....	<b>5108.37</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 36 OF 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Constant Contact</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 15.00
City Waltham	State MA Zip Code 02451	
Purpose of Disbursement Internet Service	Category/Type 001	Transaction ID : VN81E9SAVV1
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ezStorage Ruxton</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 7401 Old Pimlico Rd		Amount of Each Disbursement this Period 120.00
City Baltimore	State MD Zip Code 21209-1601	
Purpose of Disbursement Storage	Category/Type 001	Transaction ID : VN81E9SAW01
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Facebook, Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address PO Box 10005 Attention: Department 415		Amount of Each Disbursement this Period 20.07
City Palo Alto	State CA Zip Code 94303-0905	
Purpose of Disbursement Online Advertisement	Category/Type 004	Transaction ID : VN81E9SAVZ3
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)	[MEMO ITEM] *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 52	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Google Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address PO Box 39000 Department No 33654		Amount of Each Disbursement this Period 11.73
City San Francisco	State CA	
Zip Code 94139-0001	Category/ Type 004	Transaction ID : VN81E9SAWA0
Purpose of Disbursement Online Advertisement		
Candidate Name		[MEMO ITEM] *
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. LinkedIn Corporation</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 2029 Stierlin Ct		Amount of Each Disbursement this Period 49.95
City Mountain View	State CA	
Zip Code 94043	Category/ Type 001	Transaction ID : VN81E9SAWD4
Purpose of Disbursement Monthly Subscription Payment		
Candidate Name		[MEMO ITEM] *
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. NationBuilder</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 448 S Hill St # 200		Amount of Each Disbursement this Period 29.00
City Los Angeles	State CA	
Zip Code 90013-1155	Category/ Type 001	Transaction ID : VN81E9SAW43
Purpose of Disbursement Internet Service		
Candidate Name		[MEMO ITEM] *
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).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 1101 15th Street NW Suite 500		Amount of Each Disbursement this Period 1500.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Internet Service	Transaction ID : VN81E9SAVW9
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 5835 York Rd		Amount of Each Disbursement this Period 363.20
City Baltimore	State MD	
Zip Code 21212-3612	Purpose of Disbursement Office Supplies	Transaction ID : VN81E9SAW27
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 5835 York Rd		Amount of Each Disbursement this Period 30.08
City Baltimore	State MD	
Zip Code 21212-3612	Purpose of Disbursement Office Supplies	Transaction ID : VN81E9SAWM9
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 5835 York Rd		Amount of Each Disbursement this Period 142.99
City Baltimore	State MD	
Zip Code 21212-3612	Purpose of Disbursement Office Supplies	Transaction ID : VN81E9SAWN7
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 288.00
City Chicago	State IL	
Zip Code 60666	Purpose of Disbursement Travel Expense	Transaction ID : VN81E9SAW68
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 204.00
City Chicago	State IL	
Zip Code 60666	Purpose of Disbursement Travel Expense	Transaction ID : VN81E9SAW76
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 475 Lenfant Plz SW		Amount of Each Disbursement this Period 68.00
City Washington State DC Zip Code 20260-0001	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name		Transaction ID : VN81E9SAVY5  [MEMO ITEM] *
Office Sought: House Senate 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. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 475 Lenfant Plz SW		Amount of Each Disbursement this Period 18.26
City Washington State DC Zip Code 20260-0001	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name		Transaction ID : VN81E9SAW19  [MEMO ITEM] *
Office Sought: House Senate 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. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 475 Lenfant Plz SW		Amount of Each Disbursement this Period 34.00
City Washington State DC Zip Code 20260-0001	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name		Transaction ID : VN81E9SAW35  [MEMO ITEM] *
Office Sought: House Senate 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).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 52			
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 475 Lenfant Plz SW		Amount of Each Disbursement this Period 3.64
City Washington State DC Zip Code 20260-0001	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VN81E9SAW92  [MEMO ITEM] *
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 475 Lenfant Plz SW		Amount of Each Disbursement this Period 102.00
City Washington State DC Zip Code 20260-0001	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VN81E9SAWB8  [MEMO ITEM] *
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 475 Lenfant Plz SW		Amount of Each Disbursement this Period 198.03
City Washington State DC Zip Code 20260-0001	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : VN81E9SAWH5  [MEMO ITEM] *
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Creative Print Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 12 / 2014</b>
Mailing Address 1560 Caton Center Dr		Amount of Each Disbursement this Period <b>1558.20</b>
City Halethorpe	State MD	
Zip Code 21227-1556	Purpose of Disbursement Campaign Materials	<b>Transaction ID : VN81E9S9258</b>
Candidate Name	Category/ Type <b>006</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:		

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 27 / 2014</b>
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period <b>20000.00</b>
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Dues	<b>Transaction ID : VN81E9SBG05</b>
Candidate Name <b>Democratic Congressional Campaign Committee</b>	Category/ Type <b>012</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kamala Edwards</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 23 / 2014</b>
Mailing Address 1113 Heartfields Drive		Amount of Each Disbursement this Period <b>466.74</b>
City Silver Spring	State MD	
Zip Code 20904-2125	Purpose of Disbursement Event Reimbursement	<b>Transaction ID : VN81E9SAVH2</b>
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>22024.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Costco</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 10925 Baltimore Ave		Amount of Each Disbursement this Period 279.55
City Beltsville	State MD	
Zip Code 20705-2117	Purpose of Disbursement Event Expense Reimbursement	Transaction ID : VN81E9SAVJ0
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kyle Evans</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 7156 Harp String		Amount of Each Disbursement this Period 90.55
City Columbia	State MD	
Zip Code 21045-5246	Purpose of Disbursement Mileage Reimbursement	Transaction ID : VN81E9S7ME0
Candidate Name	Category/Type 002	
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. Kyle Evans</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 7156 Harp String		Amount of Each Disbursement this Period 897.11
City Columbia	State MD	
Zip Code 21045-5246	Purpose of Disbursement Salary	Transaction ID : VN81E9S9K79
Candidate Name	Category/Type 001	
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).....	987.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 52		
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Kyle Evans</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 7156 Harp String		Amount of Each Disbursement this Period 154.76 <b>Transaction ID : VN81E9SAKG9</b>
City Columbia	State MD	
Zip Code 21045-5246	Purpose of Disbursement Office Supplies Reimbursements	Category/ Type 001
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. Kyle Evans</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 7156 Harp String		Amount of Each Disbursement this Period 83.44 <b>Transaction ID : VN81E9SAKH7</b>
City Columbia	State MD	
Zip Code 21045-5246	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
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. Kyle Evans</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 7156 Harp String		Amount of Each Disbursement this Period 897.11 <b>Transaction ID : VN81E9SB261</b>
City Columbia	State MD	
Zip Code 21045-5246	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1135.11
<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 46 OF 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address PO Box 970030		Amount of Each Disbursement this Period 4179.04 <b>Transaction ID : VN81E9S7MC5</b>
City Saint Louis	State MO	
Zip Code 63197-0001	Purpose of Disbursement Payroll Taxes	Category/ Type 001
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. Christine Johnson</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 15 Country Club Dr		Amount of Each Disbursement this Period 1456.27 <b>Transaction ID : VN81E9S9K87</b>
City Glen Burnie	State MD	
Zip Code 21060-7285	Purpose of Disbursement Salary	Category/ Type 001
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. Christine Johnson</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 15 Country Club Dr		Amount of Each Disbursement this Period 149.99 <b>Transaction ID : VN81E9SAKJ5</b>
City Glen Burnie	State MD	
Zip Code 21060-7285	Purpose of Disbursement June Insurance Reimbursement	Category/ Type 001
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).....	5785.30
<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 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Christine Johnson</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 15 Country Club Dr		Amount of Each Disbursement this Period 1456.27
City Glen Burnie	State MD	
Zip Code 21060-7285	Purpose of Disbursement Salary	<b>Transaction ID : VN81E9SB279</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. M&amp;T Bank</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 25 S Charles St		Amount of Each Disbursement this Period 157.88
City Baltimore	State MD	
Zip Code 21201-3330	Purpose of Disbursement Bank and Credit Card Processing Fees	<b>Transaction ID : VN81E9SB898</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 1101 15th Street NW Suite 500		Amount of Each Disbursement this Period 2550.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Internet Service	<b>Transaction ID : VN81E9S7MF8</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4164.15
<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 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. John P. Sarbanes</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 7931 Ellenham Ave		Amount of Each Disbursement this Period 57.63 <b>Transaction ID : VN81E9SAVN4</b>
City Baltimore State MD Zip Code 21204-3523	Purpose of Disbursement January Mileage Reimbursement Category/Type 002	
Candidate Name <b>Mr. John P. Sarbanes</b>	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: MD District: 03		

Full Name (Last, First, Middle Initial) <b>B. John P. Sarbanes</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 7931 Ellenham Ave		Amount of Each Disbursement this Period 80.85 <b>Transaction ID : VN81E9SAVP2</b>
City Baltimore State MD Zip Code 21204-3523	Purpose of Disbursement February Mileage Reimbursement Category/Type 002	
Candidate Name <b>Mr. John P. Sarbanes</b>	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: MD District: 03		

Full Name (Last, First, Middle Initial) <b>c. John P. Sarbanes</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 7931 Ellenham Ave		Amount of Each Disbursement this Period 38.65 <b>Transaction ID : VN81E9SAVQ0</b>
City Baltimore State MD Zip Code 21204-3523	Purpose of Disbursement March Mileage Reimbursement Category/Type 002	
Candidate Name <b>Mr. John P. Sarbanes</b>	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: MD District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	177.13
<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 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. John P. Sarbanes</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 7931 Ellenham Ave		Amount of Each Disbursement this Period 24.58 <b>Transaction ID : VN81E9SAVR8</b>
City Baltimore State MD Zip Code 21204-3523	Purpose of Disbursement April Mileage Reimbursement Category/Type 002	
Candidate Name <b>Mr. John P. Sarbanes</b>	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: MD District: 03		

Full Name (Last, First, Middle Initial) <b>B. John P. Sarbanes</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 7931 Ellenham Ave		Amount of Each Disbursement this Period 160.86 <b>Transaction ID : VN81E9SAVS6</b>
City Baltimore State MD Zip Code 21204-3523	Purpose of Disbursement May Mileage Reimbursement Category/Type 002	
Candidate Name <b>Mr. John P. Sarbanes</b>	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: MD District: 03		

Full Name (Last, First, Middle Initial) <b>c. John P. Sarbanes</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 7931 Ellenham Ave		Amount of Each Disbursement this Period 48.50 <b>Transaction ID : VN81E9SC2R2</b>
City Baltimore State MD Zip Code 21204-3523	Purpose of Disbursement Parking Expense Reimbursements Category/Type 002	
Candidate Name <b>Mr. John P. Sarbanes</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	233.94
<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 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. State of Maryland</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address PO Box 17132		Amount of Each Disbursement this Period 1015.59 <b>Transaction ID : VN81E9S7MD2</b>
City Baltimore	State MD	
Zip Code 21297-0175	Purpose of Disbursement Payroll Taxes	Category/ Type 001
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. Towson Area 4th of July Parade Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address PO Box 5418		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : VN81E9SAZG4</b>
City Baltimore	State MD	
Zip Code 21285-5418	Purpose of Disbursement Parade Sponsorship	Category/ Type 001
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. Towson Interpark</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 28 Allegheny Ave		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : VN81E9S7DC1</b>
City Towson	State MD	
Zip Code 21204-3909	Purpose of Disbursement Parking	Category/ Type 001
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).....	1295.59
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 2120 Barrett Park Dr NW		Amount of Each Disbursement this Period 236.41 <b>Transaction ID : VN81E9S87F8</b>
City Kennesaw State GA Zip Code 30144-3673	Purpose of Disbursement Campaign Phone Candidate Name Category/Type 001	
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. Ashley N White</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 802 Cinnamon Ridge Pl Apt B		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : VN81E9S91S3</b>
City Cockeysville State MD Zip Code 21030-4323	Purpose of Disbursement May Insurance Reimbursement Candidate Name Category/Type 001	
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. Ashley N White</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 802 Cinnamon Ridge Pl Apt B		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : VN81E9S91V9</b>
City Cockeysville State MD Zip Code 21030-4323	Purpose of Disbursement June Insurance Reimbursement Candidate Name Category/Type 001	
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).....	336.41
<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 52	
	<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)  
**Friends of John Sarbanes**

Full Name (Last, First, Middle Initial) <b>A. Ashley N White</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 802 Cinnamon Ridge Pl Apt B		Amount of Each Disbursement this Period 1034.92 <b>Transaction ID : VN81E9S9K95</b>
City Cockeysville	State MD	
Zip Code 21030-4323	Purpose of Disbursement Salary	Category/ Type 001
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. Ashley N White</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 802 Cinnamon Ridge Pl Apt B		Amount of Each Disbursement this Period 1034.92 <b>Transaction ID : VN81E9SB287</b>
City Cockeysville	State MD	
Zip Code 21030-4323	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2069.84
<b>TOTAL</b> This Period (last page this line number only).....	43318.64