

# 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 Bill Tilghman

ADDRESS (number and street)

PO Box 747

Check if different than previously reported. (ACC)

Centreville

MD

21617

2. FEC IDENTIFICATION NUMBER ▼

C C00543587

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MD

01

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  
07 / 01 / 2013

through

M M / D D / Y Y Y Y  
09 / 30 / 2013

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 Benjamin Tilghman

Signature of Treasurer Benjamin Tilghman

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 14 / 2013

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

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Bill Tilghman**

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))....	19471.03	71092.06
(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)).....	19471.03	71092.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	45273.18	45273.18
(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)).....	45273.18	45273.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9038.38	
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).....	1000.00	

**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 Bill Tilghman**

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).....	16262.03	67883.06
(ii) Unitemized.....	3209.00	3209.00
(iii) TOTAL of contributions from individuals ▶	19471.03	71092.06
(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))..	19471.03	71092.06
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.....	1000.00	1000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1000.00	1000.00
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)..... ▶	20471.03	72092.06

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45273.18	45273.18
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) ▶	45273.18	45273.18

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	33840.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20471.03
25. SUBTOTAL (add Line 23 and Line 24).....	54311.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45273.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9038.38

**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 34
	<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	

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 Bill Tilghman**

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

Mailing Address 609 Park Ln

City Wyncote State PA Zip Code 19095-1315

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 Y Y  
 07 / 08 / 2013

**Transaction ID : VN8K9ABDJH7**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 300 Hermitage Farm Ln

City Centreville State MD Zip Code 21617-1808

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

Name of Employer Information Requested Occupation Information Requested

Tilghman for Congress Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2013

**Transaction ID : VN8K9AEAQV9**

Amount of Each Receipt this Period  
 96.74

\* In-Kind: Fundraising Meal

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

Mailing Address 300 White Banks Lane

City Centreville State MD Zip Code 21617-1834

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

Name of Employer Information Requested Occupation Information Requested

Pete Pappas & Sons Inc Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2013

**Transaction ID : VN8K9AC9WM4**

Amount of Each Receipt this Period  
 250.00

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

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

846.74

**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 34
	<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	

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 Bill Tilghman**

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

Mailing Address **PO Box 127**

City **Canaan** State **CT** Zip Code **06018-0127**

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

Name of Employer **Drury & Patz, LLP** 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 Y Y  
**07 / 17 / 2013**

**Transaction ID : VN8K9ABG3K4**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address **1162 Breiten Ct**

City **Woodbine** State **MD** Zip Code **21797-9205**

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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 19 / 2013**

**Transaction ID : VN8K9AC9X58**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **PO Box 97**

City **Princess Anne** State **MD** Zip Code **21853-0097**

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

Name of Employer **self** Occupation **psychiatrist**

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  
**07 / 25 / 2013**

**Transaction ID : VN8K9AEASG8**

Amount of Each Receipt this Period  
**250.00**

**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 7 OF 34
	<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	

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 Bill Tilghman**

**A.** Full Name (Last, First, Middle Initial)  
**J Spicer Bell**

Mailing Address 925 S Schumaker Dr

City Salisbury State MD Zip Code 21804-8722

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

Name of Employer Community Foundation Occupation Retired Educator & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : VN8K9AEASC7**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 27193 Baileys Neck Rd

City Easton State MD Zip Code 21601-8501

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

Name of Employer Self Occupation Breast Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : VN8K9ACSP43**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 5005 Wapakoneta Rd

City Bethesda State MD Zip Code 20816-2234

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

Name of Employer FINRA Occupation Executive, Regulator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2013

**Transaction ID : VN8K9ACYQJ3**

Amount of Each Receipt this Period  
 350.00

**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 8 OF 34
	<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 Bill Tilghman**

**A.** Full Name (Last, First, Middle Initial)  
**John Thomas Smith II**

Mailing Address 7872 Ratcliff Manor Road

City Easton State MD Zip Code 21601

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

Name of Employer Senior Service America Occupation 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 Y Y  
 07 / 27 / 2013

**Transaction ID : VN8K9AEAR25**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address PO Box 326

City Centreville State MD Zip Code 21617-0326

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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : VN8K9AEAT46**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**John A. Hawkinson MD**

Mailing Address 7352 Playtor Cove Ct

City Easton State MD Zip Code 21601-8172

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

Name of Employer Retired Physician Occupation Retired - Physician

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  
 07 / 31 / 2013

**Transaction ID : VN8K9AEARS6**

Amount of Each Receipt this Period  
**250.00**

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

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<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 Bill Tilghman**

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

Mailing Address 1713 Town Point Rd

City State Zip Code  
Cambridge MD 21613-3581

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

Name of Employer Occupation  
Retired - Marriott Retired - Head of HR

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  
 08 / 04 / 2013

**Transaction ID : VN8K9AEHKM1**

Amount of Each Receipt this Period  
200.00

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

Mailing Address PO Box 1169

City State Zip Code  
Saint Michaels MD 21663-1169

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

Name of Employer Occupation  
Servpro Vice President

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  
 08 / 08 / 2013

**Transaction ID : VN8K9AP9G78**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 11966 Andelot Farm Ln

City State Zip Code  
Worton MD 21678-1301

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : VN8K9AP9FK0**

Amount of Each Receipt this Period  
1000.00

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<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 Bill Tilghman**

**A.** Full Name (Last, First, Middle Initial)  
**Emily D. Russell**

Mailing Address 482 Cormorant Ct

City Chestertown State MD Zip Code 21620-1244

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 Y  
 08 / 12 / 2013

**Transaction ID : VN8K9AP9F59**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 24031 Walnut Point Road

City Chestertown State MD Zip Code 21620

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 Y  
 08 / 20 / 2013

**Transaction ID : VN8K9AXD405**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 205 Green Street

City Centreville State MD Zip Code 21617-1149

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

Name of Employer Maryland Clean Energy Center Occupation Econ Development QA County

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 22 / 2013

**Transaction ID : VN8K9AXD454**

Amount of Each Receipt this Period  
 300.00

**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 11 OF 34
	<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 Bill Tilghman**

**A.** Full Name (Last, First, Middle Initial)  
**Nina Rodale Houghton**

Mailing Address **PO Box 6**

City **Queenstown** State **MD** Zip Code **21658-0006**

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  
**08 / 23 / 2013**

**Transaction ID : VN8K9AXD393**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **PO Box 159**

City **Oxford** State **MD** Zip Code **21654-0159**

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

Name of Employer **Retired** Occupation **Volunteer**

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  
**08 / 23 / 2013**

**Transaction ID : VN8K9AXD3Y9**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **9628 Martingham Cir**

City **Saint Michaels** State **MD** Zip Code **21663-2232**

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

Name of Employer **French Development Company - Retired** Occupation **CEO - 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  
**08 / 28 / 2013**

**Transaction ID : VN8K9AXD3W3**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<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	

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 Bill Tilghman**

**A.** Full Name (Last, First, Middle Initial)  
**Frederick Wyman II**

Mailing Address 30776 Triple Farm Rd

City Easton State MD Zip Code 21601-8703

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

Name of Employer Castle Realty Group Occupation Real Esatate Delveoper

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2013

**Transaction ID : VN8K9AQ2368**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 149

City Saint Michaels State MD Zip Code 21663-0149

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

Name of Employer Chesapeake Bay Maritime Museum Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2013

**Transaction ID : VN8K9AQ5861**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 108 Brookletts Ave

City Easton State MD Zip Code 21601-2904

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  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 01 / 2013

**Transaction ID : VN8K9AQD185**

Amount of Each Receipt this Period  
200.00

**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 34
	<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 Bill Tilghman**

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

Mailing Address 8382 Aveley Farm Rd

City Easton State MD Zip Code 21601-7361

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  
 09 / 03 / 2013

**Transaction ID : VN8K9AQEEV0**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 10545 Miracle House Cir

City Claiborne State MD Zip Code 21624-2018

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2013

**Transaction ID : VN8K9AQEDC1**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 27954 Oaklands Cir

City Easton State MD Zip Code 21601-8262

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2013

**Transaction ID : VN8K9AXD7H4**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
	<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	

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 Bill Tilghman**

**A.** Full Name (Last, First, Middle Initial)  
**Artur G. Zimmer**

Mailing Address 4510 Bachelors Point Ct

City Oxford State MD Zip Code 21654-1405

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

Name of Employer Caloris Engineering Occupation Business Manager, Engineer

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  
 09 / 03 / 2013

**Transaction ID : VN8K9AXD7V3**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 35

City Oxford State MD Zip Code 21654-0035

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

Name of Employer Bell & Company Inc Occupation Owner

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  
 09 / 05 / 2013

**Transaction ID : VN8K9B44YB8**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4772 Sailors Retreat Rd

City Oxford State MD Zip Code 21654-1739

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

Name of Employer University of Maryland Occupation Professor

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  
 09 / 05 / 2013

**Transaction ID : VN8K9AXDN56**

Amount of Each Receipt this Period  
200.00

**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 15 OF 34
	<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 Bill Tilghman**

**A.** Full Name (Last, First, Middle Initial)  
**George Tams Curlin**

Mailing Address **PO Box 35**

City **Oxford** State **MD** Zip Code **21654-0035**

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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : VN8K9AXDMV7**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **303 Market St**

City **Oxford** State **MD** Zip Code **21654-1238**

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

Name of Employer **None** Occupation **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 Y Y  
**09 / 05 / 2013**

**Transaction ID : VN8K9AXDMX3**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **10062 Emerson Pt Rd**

City **Saint Michaels** State **MD** Zip Code **21663**

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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : VN8K9AWK3K4**

Amount of Each Receipt this Period  
**250.00**

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

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
	<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 Bill Tilghman**

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

Mailing Address **PO Box 121**

City **Trappe** State **MD** Zip Code **21673**

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

Name of Employer **Paris Foods Corp.** Occupation **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : VN8K9AXDN14**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO Box 271**

City **Oxford** State **MD** Zip Code **21654-0271**

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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : VN8K9AXDN97**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **PO Box 565**

City **Oxford** State **MD** Zip Code **21654-0565**

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

Name of Employer **IMF** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : VN8K9AXDND9**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
	<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	

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 Bill Tilghman**

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

Mailing Address 300 Hermitage Farm Ln

City State Zip Code  
Centreville MD 21617-1808

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

Name of Employer Occupation  
Tilghman for Congress Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**132.58**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2013

**Transaction ID : VN8K9B1J6C9**

Amount of Each Receipt this Period  
**35.84**

\* In-Kind: Meals

**B.** Full Name (Last, First, Middle Initial)  
**William Myles Taylor III**

Mailing Address 304 Market St

City State Zip Code  
Oxford MD 21654-1204

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

Name of Employer Occupation  
Zuckerman Spaeder LLP Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2013

**Transaction ID : VN8K9AX3VT0**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 300 Hermitage Farm Ln

City State Zip Code  
Centreville MD 21617-1808

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

Name of Employer Occupation  
Tilghman for Congress Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**166.17**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8K9AXDMN9**

Amount of Each Receipt this Period  
**33.59**

\* In-Kind: Phone Bill

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

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

**569.43**

**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 34
	<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 Bill Tilghman**

**A.** Full Name (Last, First, Middle Initial)  
**James Kuykendall Wade Jr.**

Mailing Address 8000 Aldan Dr

City State Zip Code  
Chestertown MD 21620-4748

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

Name of Employer Occupation  
Patton Boggs - 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 Y Y  
 09 / 23 / 2013

**Transaction ID : VN8K9B44Y69**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 390 Grove Creek Rd

City State Zip Code  
Centreville MD 21617-2684

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

Name of Employer Occupation  
Friel Lumber/SEW Friel President

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  
 09 / 27 / 2013

**Transaction ID : VN8K9B450E5**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 300 Hermitage Farm Ln

City State Zip Code  
Centreville MD 21617-1808

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

Name of Employer Occupation  
Tilghman for Congress Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2112.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2013

**Transaction ID : VN8K9B45656**

Amount of Each Receipt this Period  
1945.86

\* In-Kind: Mileage

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

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

2395.86

16262.03

**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 34
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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 Bill Tilghman**

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

Mailing Address 300 Hermitage Farm Ln

City State Zip Code  
Centreville MD 21617-1808

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

Name of Employer Occupation  
Tilghman for Congress Candidate

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  
 08 / 15 / 2013

**Transaction ID : VN8K9AP9FY7**

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 / 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 / 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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Mike Souder</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 9117 Gross Ave		Amount of Each Disbursement this Period 8000.00 <b>Transaction ID : VN7M19JDC07</b>
City Laurel	State MD	
Zip Code 20723-1717	Purpose of Disbursement Political Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Stephen Barrett</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address 6009 Crater Pl		Amount of Each Disbursement this Period 678.00 <b>Transaction ID : VN7M19JYPT9</b>
City Alexandria	State VA	
Zip Code 22312-1106	Purpose of Disbursement Photography Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Rachel Doran</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address 9 Corbin Dr		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : VN7M19JFZJ7</b>
City Exton	State PA	
Zip Code 19341-2784	Purpose of Disbursement Fundraising Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13178.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7M19JDC07

June & July salary

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Maryland Democratic Party - Federal Act</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address 33 West St Ste 200		Amount of Each Disbursement this Period 4300.00 <b>Transaction ID : VN7M19JYPV7</b>
City Annapolis	State MD Zip Code 21401-2420	
Purpose of Disbursement VAN Payment	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Centreville Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 202 E Water St		Amount of Each Disbursement this Period 690.00 <b>Transaction ID : VN7M19JE129</b>
City Centreville	State MD Zip Code 21617-1158	
Purpose of Disbursement Stamps	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Draper Brothers</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 2615 Centreville Rd		Amount of Each Disbursement this Period 420.09 <b>Transaction ID : VN7M19JDAH7</b>
City Centreville	State MD Zip Code 21617-2029	
Purpose of Disbursement Beverages for Fundraiser	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5410.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2013
Mailing Address 2631 Housley Rd		Amount of Each Disbursement this Period 206.40
City Annapolis	State MD	
Zip Code 21401-7030	Purpose of Disbursement Envelopes and Ink	Transaction ID : VN7M19JE137
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2013
Mailing Address 2631 Housley Rd		Amount of Each Disbursement this Period 85.83
City Annapolis	State MD	
Zip Code 21401-7030	Purpose of Disbursement Printer Ink	Transaction ID : VN7M19JFM91
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. William F. Tilghman</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2013
Mailing Address 300 Hermitage Farm Ln		Amount of Each Disbursement this Period 96.74
City Centreville	State MD	
Zip Code 21617-1808	Purpose of Disbursement Fundraising Meal	Transaction ID : VN8K9AEAQV91
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	388.97
<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 24 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Laura Clay</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2013
Mailing Address 205 Chester Vlg		Amount of Each Disbursement this Period 2500.00
City Chester	State MD	
Zip Code 21619-2630	Purpose of Disbursement Fundraising Consultant	Transaction ID : VN7M19JFMC5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. applepress.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 1110 Crain Highway SW		Amount of Each Disbursement this Period 504.56
City Glen Burnie	State MD	
Zip Code 21061	Purpose of Disbursement Remittance Envelopes	Transaction ID : VN7M19KGCE4
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. applepress.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 1110 Crain Highway SW		Amount of Each Disbursement this Period 735.64
City Glen Burnie	State MD	
Zip Code 21061	Purpose of Disbursement Letterhead and Envelopes	Transaction ID : VN7M19KGG36
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3740.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Chesapeake Bay Maritime Museum</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 213 N Talbot St		Amount of Each Disbursement this Period 2635.00 <b>Transaction ID : VN7M19JYPY1</b>
City Saint Michaels	State MD	
Zip Code 21663	Purpose of Disbursement Fundraiser Space	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mason's</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2013
Mailing Address 22 S Harrison St		Amount of Each Disbursement this Period 49.34 <b>Transaction ID : VN7M19K28T8</b>
City Easton	State MD	
Zip Code 21601-3006	Purpose of Disbursement Fundraising Lunch	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Laura Clay</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2013
Mailing Address 205 Chester Vlg		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VN7M19JYPS1</b>
City Chester	State MD	
Zip Code 21619-2630	Purpose of Disbursement Fundraising Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5184.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : VN7M19JYPS1

July 15-31

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Rachel Doran</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2013
Mailing Address 9 Corbin Dr		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : VN7M19JYPR3</b>
City Exton	State PA	
Zip Code 19341-2784	Purpose of Disbursement Fundraising Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Rachel Doran</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2013
Mailing Address 9 Corbin Dr		Amount of Each Disbursement this Period 572.95 <b>Transaction ID : VN7M19JZV27</b>
City Exton	State PA	
Zip Code 19341-2784	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Gagan Nirula</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2013
Mailing Address 12809 Big Horn Dr		Amount of Each Disbursement this Period 1950.00 <b>Transaction ID : VN7M19K28Q5</b>
City Silver Spring	State MD	
Zip Code 20904-6835	Purpose of Disbursement Website and Graphic Design	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4772.95
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7M19JYPR3

July 1-15

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2013
Mailing Address 2631 Housley Rd		Amount of Each Disbursement this Period 199.26 <b>Transaction ID : VN7M19JYPP8</b>
City Annapolis State MD Zip Code 21401-7030	Purpose of Disbursement Printer Ink	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address 2631 Housley Rd		Amount of Each Disbursement this Period 48.28 <b>Transaction ID : VN7M19JYPZ9</b>
City Annapolis State MD Zip Code 21401-7030	Purpose of Disbursement Fundraising Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Draper Brothers</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013
Mailing Address 2615 Centreville Rd		Amount of Each Disbursement this Period 80.33 <b>Transaction ID : VN7M19JYQ22</b>
City Centreville State MD Zip Code 21617-2029	Purpose of Disbursement Fundraising Beverages	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	327.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Island Print Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2013
Mailing Address 112 Saint Claire Pl Ste 101		Amount of Each Disbursement this Period 333.90
City Stevensville	State MD	
Zip Code 21666-2192	Purpose of Disbursement Stickers and Business Cards	Transaction ID : VN7M19KDGE8
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Laura Clay</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2013
Mailing Address 205 Chester Vlg		Amount of Each Disbursement this Period 2500.00
City Chester	State MD	
Zip Code 21619-2630	Purpose of Disbursement Fundraising Consultant	Transaction ID : VN7M19KDGR7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mason's</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2013
Mailing Address 22 S Harrison St		Amount of Each Disbursement this Period 68.42
City Easton	State MD	
Zip Code 21601-3006	Purpose of Disbursement Meals	Transaction ID : VN7M19M70Y7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2902.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Mason's</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2013
Mailing Address 22 S Harrison St		Amount of Each Disbursement this Period 69.24
City Easton	State MD	
Zip Code 21601-3006	Purpose of Disbursement Meals	Transaction ID : VN7M19M70S7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mason's</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2013
Mailing Address 22 S Harrison St		Amount of Each Disbursement this Period 27.26
City Easton	State MD	
Zip Code 21601-3006	Purpose of Disbursement Meals	Transaction ID : VN7M19M70X9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sarah K. Blaney</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2013
Mailing Address 1311 NW 22nd St		Amount of Each Disbursement this Period 500.00
City Oklahoma City	State OK	
Zip Code 73106-4027	Purpose of Disbursement Fundraising Consultant	Transaction ID : VN7M19M7041
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	596.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Laura Clay</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2013
Mailing Address 205 Chester Vlg		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VN7M19M7067</b>
City Chester	State MD	
Zip Code 21619-2630	Purpose of Disbursement Fundraising Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. William F. Tilghman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address 300 Hermitage Farm Ln		Amount of Each Disbursement this Period 35.84 <b>Transaction ID : VN8K9B1J6C9I</b>
City Centreville	State MD	
Zip Code 21617-1808	Purpose of Disbursement Meals	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	* In-Kind Received

Full Name (Last, First, Middle Initial) <b>c. Laura Clay</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2013
Mailing Address 205 Chester Vlg		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VN7M19M7083</b>
City Chester	State MD	
Zip Code 21619-2630	Purpose of Disbursement Fundraising Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5035.84
<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 33 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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 Bill Tilghman**

Full Name (Last, First, Middle Initial) <b>A. Draper Brothers</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 2615 Centreville Rd		Amount of Each Disbursement this Period 151.09
City Centreville	State MD	
Zip Code 21617-2029	Purpose of Disbursement Beverages for Fundraiser	<b>Transaction ID : VN7M19M7091</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William F. Tilghman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address 300 Hermitage Farm Ln		Amount of Each Disbursement this Period 33.59
City Centreville	State MD	
Zip Code 21617-1808	Purpose of Disbursement Phone Bill	<b>Transaction ID : VN8K9AXDMN9I</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>c. William F. Tilghman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2013
Mailing Address 300 Hermitage Farm Ln		Amount of Each Disbursement this Period 1945.86
City Centreville	State MD	
Zip Code 21617-1808	Purpose of Disbursement Mileage	<b>Transaction ID : VN8K9B45656I</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2130.54
<b>TOTAL</b> This Period (last page this line number only).....	43667.62

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Bill Tilghman** Transaction ID : VN8K9AP9FY7L

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>William F. Tilghman</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 300 Hermitage Farm Ln	

City	State	ZIP Code
Centreville	MD	21617-1808

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 15 / Y 2013	M / D / Y none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	1000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**