

# 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  
**DONNA EDWARDS FOR CONGRESS**

ADDRESS (number and street) P.O. Box 441153  
 Check if different than previously reported. (ACC) FORT WASHINGTON MD 20749

2. **FEC IDENTIFICATION NUMBER** C C00422964 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
MD 04

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 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 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 Janice Edwards  
Signature of Treasurer Janice Edwards *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 15 / 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  
**DONNA EDWARDS FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	74750.00	333714.00
(b) Total Contribution Refunds (from Line 20(d)) .....	1.72	101.72
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	74748.28	333612.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	58989.62	299848.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3017.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	58989.62	296830.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	71059.51	
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).....	10020.00	

**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

**DONNA EDWARDS FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29950.00	86170.00
(ii) Unitemized.....	1050.00	4994.00
(iii) TOTAL of contributions from individuals ▶	31000.00	91164.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	43750.00	242550.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	74750.00	333714.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	1000.00	1000.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	3017.56
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	75750.00	337731.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	58989.62	299848.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	13000.00
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 .....	1.72	101.72
(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)).....	1.72	101.72
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	58991.34	312949.81

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54300.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	75750.00
25. SUBTOTAL (add Line 23 and Line 24).....	130050.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58991.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	71059.51

**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 49
	<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)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Abrecht**

Mailing Address 3821 Livingston Street NW

City Washington State DC Zip Code 20015

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

Name of Employer SEIU Occupation Chief Financial Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.64261**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 11 Magazine Street Apt 2

City Cambridge State MA Zip Code 02139

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

Name of Employer Kashi Software Architects, Inc. Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.64299**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 221 Deer Chase Lane

City Durham State NC Zip Code 27705

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

Name of Employer Retired Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.64233**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Anne Bartley</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 13 / 2014
Mailing Address 3580 Clay Street		<b>Transaction ID : SA11AI.64236</b>
City San Francisco	State CA	Zip Code 94118
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Rockefeller Family Fund	Occupation Investor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. Anne Bartley</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 13 / 2014
Mailing Address 3580 Clay Street		<b>Transaction ID : SA11AI.64237</b>
City San Francisco	State CA	Zip Code 94118
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Rockefeller Family Fund	Occupation Investor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>C. Bob Carden</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 09 / 2014
Mailing Address 7405 Denton Road		<b>Transaction ID : SA11AI.64263</b>
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation TV Producer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
	<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)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Lester Dequaine**

Mailing Address 3140 Sundance Circle

City Naples State FL Zip Code 34109

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

Name of Employer Retired Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.64239**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 7106 Ridgewood Avenue

City Chevy Chase State MD Zip Code 20815

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

Name of Employer College Park Car Wash Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2014

**Transaction ID : SA11AI.64240**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 10330 Halton Terrace

City Lanham State MD Zip Code 20706

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2014

**Transaction ID : SA11AI.64242**

Amount of Each Receipt this Period  
 300.00

**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 8 OF 49
	<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)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Andre Gingles**

Mailing Address 16805 Clark Terrace

City State Zip Code  
Laurel MD 20707

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

Name of Employer Occupation  
Gingles, LLC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 21 / 2014

**Transaction ID : SA11AI.64244**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1083 Vine Street

City State Zip Code  
Healdsburg CA 95448

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

Name of Employer Occupation  
Puma Springs Vineyards Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 09 / 2014

**Transaction ID : SA11AI.64265**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 530 N Trade Street #408

City State Zip Code  
Winston Salem NC 27101

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

Name of Employer Occupation  
Self Employed Philanthropist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.64246**

Amount of Each Receipt this Period  
300.00

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

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

2300.00

**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 49
	<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)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Gail Harmon**

Mailing Address 4225 Lenor Lane NW

City Washington State DC Zip Code 20008

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

Name of Employer Harmon Curran Spielberg and Eisenberg 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  
 02 / 20 / 2014

**Transaction ID : SA11AI.64247**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Greg Jobin-Leeds**

Mailing Address PO Box 391170

City Cambridge State MA Zip Code 02139

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

Name of Employer Partnership for Democracy & Educ Occupation Educator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : SA11AI.64249**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Maria Jobin-Leeds**

Mailing Address PO Box 391170

City Cambridge State MA Zip Code 02139

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

Name of Employer Partnership for Democracy & Educ Occupation Political Strategist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : SA11AI.64248**

Amount of Each Receipt this Period  
2500.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Nelson Jones</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 2016 Main Street Apt 1701		<b>Transaction ID : SA11AI.64295</b>	
City Houston State TX Zip Code 77002	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>Nelson Jones</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 2016 Main Street Apt 1701		<b>Transaction ID : SA11AI.64296</b>	
City Houston State TX Zip Code 77002	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>Harry Letaw</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address 440 Severnside Drive		<b>Transaction ID : SA11AI.64288</b>	
City Severna Park State MD Zip Code 21146	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Retired Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5300.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

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

FOR LINE NUMBER: PAGE 11 OF 49  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Lance Lindblom**

Mailing Address 30 Park Avenue

City State Zip Code  
Larchmont NY 10538

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

Name of Employer Occupation  
Nathan Cummings Foundation President and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 06 / 2014

**Transaction ID : SA11AI.64250**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 905 Crest Park Drive

City State Zip Code  
Silver Spring MD 20903

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

Name of Employer Occupation  
National Oceanic & Atmospheric Adm. Scientist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.64251**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 11402 Rhodenda Avenue

City State Zip Code  
Upper Marlboro MD 20772

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

Name of Employer Occupation  
G.S. Proctor & Associates Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.64255**

Amount of Each Receipt this Period  
2000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
	<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)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Elisabeth Renstrom**

Mailing Address 2154 Wyoming Avenue NW

City Washington State DC Zip Code 20008

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

Name of Employer Self Employed Occupation Philanthropist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 15 / 2014

**Transaction ID : SA11AI.64256**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 7124 Sycamore Avenue

City Takoma Park State MD Zip Code 20912

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

Name of Employer The Organizing Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11AI.64297**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 5706 Warwick Place

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Town of Somerset, MD Occupation Mayor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.64298**

Amount of Each Receipt this Period  
 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
	<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)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Harold Stinger**

Mailing Address 16147 Waterford Creek Circle

City Hamilton State VA Zip Code 20158

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

Name of Employer SGT, Inc Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.64292**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 666 Fifth Avenue 38th Floor

City New York State NY Zip Code 10103

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

Name of Employer Tishman Construction Corp. Occupation Chairman & 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  
 01 / 31 / 2014

**Transaction ID : SA11AI.64258**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3100.00

29950.00

**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 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 Aviation Way

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 30 / 2014

**Transaction ID : SA11C.64311**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6th Street, NW  
Suite 200

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2014

**Transaction ID : SA11C.64317**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO

Mailing Address 1625 L STREET NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2014

**Transaction ID : SA11C.64326**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

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

Mailing Address 1200 Wilson Blvd

City State Zip Code  
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11C.64315**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE**

Mailing Address 501 Third Street, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

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

**Transaction ID : SA11C.64323**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 8313  
SUITE 300

City State Zip Code  
Burlington VT 05402

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

Name of Employer Occupation

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2014

**Transaction ID : SA11C.64308**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY FOR AMERICA**

Mailing Address PO Box 8313  
SUITE 300

City Burlington State VT Zip Code 05402

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 07 / 2014

**Transaction ID : SA11C.64309**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**FLORIDA DELIVERS LEADERSHIP PAC**

Mailing Address 1831 BAY STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00450247

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 11 / 2014

**Transaction ID : SA11C.64313**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF CORRINE BROWN**

Mailing Address PO BOX 40087

City JACKSONVILLE State FL Zip Code 32203

FEC ID number of contributing federal political committee. **C** C00272732

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 2014

**Transaction ID : SA11C.64303**

Amount of Each Receipt this Period  
250.00

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

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

3250.00

**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 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

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

Mailing Address 1750 NEW YORK NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70003108

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11C.64327**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO BOX 33106

City WASHINGTON State DC Zip Code 20033

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.64329**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1550 Crystal Drive  
Suite 300

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11C.64316**

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 18 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

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

Mailing Address 2111 MCDONALDS DR  
DEPT 213

City State Zip Code  
OAK BROOK IL 60523

FEC ID number of contributing federal political committee. **C C00063164**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 12 / 2014

**Transaction ID : SA11C.64314**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL POSTAL MAIL HANDLERS UNION - DIVISION OF LABORERS' INT'L UNION OF NORTH AMERICA A

Mailing Address 905 16th St., NW  
Second Floor

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C C00345306**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2014

**Transaction ID : SA11C.64321**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address 1201 16th St NW Ste 420

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C C00003251**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2014

**Transaction ID : SA11C.64320**

Amount of Each Receipt this Period  
4000.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address 1201 16th St NW Ste 420

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00003251**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : SA11C.64328**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ORBITAL SCIENCES CORPORATION POLITICAL ACTION COMMITTEE (ORB PAC)**

Mailing Address 21839 ATLANTIC BLVD.  
4TH FLOOR

City DULLES State VA Zip Code 20166

FEC ID number of contributing federal political committee. **C C00195263**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11C.64324**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC**

Mailing Address 1150 17TH STREET NW  
SUITE 702

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00286807**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : SA11C.64310**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)

Mailing Address 888 16TH ST NW SUITE 650

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11C.64319**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 1700 Broadway 2nd Floor

City New York State NY Zip Code 10019

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : SA11C.64312**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
TURKISH COALITON USA PAC (TC-USA PAC)

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : SA11C.64318**

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 21 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP

Mailing Address **THREE PARK PLACE**

City: **ANNAPOLIS** State: **MD** Zip Code: **21401**

FEC ID number of contributing federal political committee: **C C00012476**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: **03 / 11 / 2014**

**Transaction ID : SA11C.64331**

Amount of Each Receipt this Period: **2500.00**

Amount of Each Receipt this Period: **5000.00**

**B.** Full Name (Last, First, Middle Initial)  
UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)

Mailing Address **14600 Detroit Ave**

City: **Cleveland** State: **OH** Zip Code: **44107**

FEC ID number of contributing federal political committee: **C C00001636**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: **03 / 12 / 2014**

**Transaction ID : SA11C.64322**

Amount of Each Receipt this Period: **2500.00**

Amount of Each Receipt this Period: **10000.00**

**C.** Full Name (Last, First, Middle Initial)  
UNITE HERE TIP CAMPAIGN COMMITTEE

Mailing Address **275 Seventh Ave. 10th Floor**

City: **New York** State: **NY** Zip Code: **10001**

FEC ID number of contributing federal political committee: **C C00004861**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: **03 / 21 / 2014**

**Transaction ID : SA11C.64325**

Amount of Each Receipt this Period: **5000.00**

Amount of Each Receipt this Period: **7500.00**

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

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

**10000.00**

**43750.00**

**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 49
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ANDRE CARSON FOR CONGRESS**

Mailing Address P.O. BOX 1863

City State Zip Code  
INDIANAPOLIS IN 46206

FEC ID number of contributing federal political committee. **C** C00442921

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA12.64305**

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 23 OF 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 5001 SHR, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 5001 Silver Hill Road		Amount of Each Disbursement this Period 6750.00 <b>Transaction ID : SB17.64339</b>
City Suitland	State MD	
Zip Code 20746	Purpose of Disbursement Office Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 9.88 <b>Transaction ID : SB17.64352</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 49.38 <b>Transaction ID : SB17.64353</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6809.26
<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 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 0.48 <b>Transaction ID : SB17.64354</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 0.79 <b>Transaction ID : SB17.64355</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 11.10 <b>Transaction ID : SB17.64356</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12.37
<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 49			
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2014
Mailing Address 14 Arrow Street			Amount of Each Disbursement this Period 1.98 <b>Transaction ID : SB17.64357</b>
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Fund Raising Fees		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. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 14 Arrow Street			Amount of Each Disbursement this Period 43.93 <b>Transaction ID : SB17.64358</b>
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Fund Raising Fees		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. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address 14 Arrow Street			Amount of Each Disbursement this Period 0.79 <b>Transaction ID : SB17.64359</b>
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Fund Raising Fees		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).....	46.70
<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 26 OF 49			
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 0.08 <b>Transaction ID : SB17.64360</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 9.95 <b>Transaction ID : SB17.64361</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 0.48 <b>Transaction ID : SB17.64362</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10.51
<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 27 OF 49		
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 20.47 <b>Transaction ID : SB17.64363</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 264.65 <b>Transaction ID : SB17.64364</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period 85.00 <b>Transaction ID : SB17.64377</b>
City Washington	State DC	
Zip Code 22312	Purpose of Disbursement Train Fare	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).....	370.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period 25.00
City Washington	State DC Zip Code 22312	
Purpose of Disbursement Train Fare	Candidate Name	Transaction ID : SB17.64378
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period 186.00
City Washington	State DC Zip Code 22312	
Purpose of Disbursement Train Fare	Candidate Name	Transaction ID : SB17.64446
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Bond 45</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 149 Waterfront Street		Amount of Each Disbursement this Period 221.38
City National Harbor	State MD Zip Code 20745	
Purpose of Disbursement Meals - Political Meeting	Candidate Name	Transaction ID : SB17.64381
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	432.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bond 45</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 149 Waterfront Street		Amount of Each Disbursement this Period 125.96 <b>Transaction ID : SB17.64382</b>
City National Harbor	State MD Zip Code 20745	
Purpose of Disbursement Meals - Political Meeting	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. Bond 45</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 149 Waterfront Street		Amount of Each Disbursement this Period 229.24 <b>Transaction ID : SB17.64383</b>
City National Harbor	State MD Zip Code 20745	
Purpose of Disbursement Meals - Political Meeting	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. Bond 45</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 149 Waterfront Street		Amount of Each Disbursement this Period 284.37 <b>Transaction ID : SB17.64384</b>
City National Harbor	State MD Zip Code 20745	
Purpose of Disbursement Meals - Political Meeting	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).....	639.57
<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 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bond 45</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 149 Waterfront Street		Amount of Each Disbursement this Period 92.15 <b>Transaction ID : SB17.64385</b>
City National Harbor	State MD Zip Code 20745	
Purpose of Disbursement Meals - Political Meeting	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. Carey International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 4530 Wisconsin Avenue NW		Amount of Each Disbursement this Period 169.32 <b>Transaction ID : SB17.64386</b>
City Washington	State DC Zip Code 20016	
Purpose of Disbursement Car Service	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. Carey International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 4530 Wisconsin Avenue NW		Amount of Each Disbursement this Period 133.18 <b>Transaction ID : SB17.64387</b>
City Washington	State DC Zip Code 20016	
Purpose of Disbursement Car Service	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).....	394.65
<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 49			
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Carey International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 4530 Wisconsin Avenue NW		Amount of Each Disbursement this Period 668.31 <b>Transaction ID : SB17.64388</b>
City Washington State DC Zip Code 20016	Purpose of Disbursement Car Service	
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. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 195.00 <b>Transaction ID : SB17.64389</b>
City Waltham State MA Zip Code 02451	Purpose of Disbursement Email Marketing and Survey Tools	
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. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 195.00 <b>Transaction ID : SB17.64390</b>
City Waltham State MA Zip Code 02451	Purpose of Disbursement Email Marketing and Survey Tools	
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).....	1058.31
<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 49			
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Extra Space Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 9211 Livingston Road		Amount of Each Disbursement this Period 247.00 <b>Transaction ID : SB17.64369</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Storage	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. Extra Space Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 9211 Livingston Road		Amount of Each Disbursement this Period 247.00 <b>Transaction ID : SB17.64370</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Storage	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. Hyatt Regency Chesapeake Bay</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 100 Heron Blvd.		Amount of Each Disbursement this Period 90.03 <b>Transaction ID : SB17.64401</b>
City Cambridge	State MD	
Zip Code 21613	Purpose of Disbursement Audio/Visual Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	584.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49			
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hyatt Regency Chesapeake Bay</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 100 Heron Blvd.			Amount of Each Disbursement this Period 1400.00 <b>Transaction ID : SB17.64402</b>
City Cambridge	State MD	Zip Code 21613	
Purpose of Disbursement Meals - Campaign Meeting		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Hyatt Regency Chesapeake Bay</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 100 Heron Blvd.			Amount of Each Disbursement this Period 129.39 <b>Transaction ID : SB17.64403</b>
City Cambridge	State MD	Zip Code 21613	
Purpose of Disbursement Meals - Campaign Meeting		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Metropolitan Washington Council AFL-CIO</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 888 16th Street NW Suite 520			Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB17.64345</b>
City Washington	State DC	Zip Code 20006	
Purpose of Disbursement Event Sponsorship & Tickets		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2429.39
<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 35 OF 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mid-Atlantic Real Estate Investments</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 9161 Liberia Avenue Suite 207		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : SB17.64346</b>
City Manassas State VA Zip Code 20110	Purpose of Disbursement Office Rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Montgomery County Democratic Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 3720 Farragut Avenue #303		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.64350</b>
City Kensington State MD Zip Code 20895	Purpose of Disbursement Event Sponsorship & Tickets	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 27.50 <b>Transaction ID : SB17.64409</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2877.50
<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 36 OF 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NGP Software, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1225 Eye Street, NW		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.64412</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Fund Raising Software	
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. Jeremiah Pope</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : SB17.64332</b>
City Silver Spring State MD Zip Code 20903	Purpose of Disbursement Consulting Services - Fund Raising	
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. Jeremiah Pope</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : SB17.64341</b>
City Silver Spring State MD Zip Code 20903	Purpose of Disbursement Consulting Services - Fund Raising	
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).....	15500.00
<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 49		
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jeremiah Pope</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : SB17.64349</b>
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Consulting Services - Fund Raising	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. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 49.50 <b>Transaction ID : SB17.64417</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	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. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 40.52 <b>Transaction ID : SB17.64418</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	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).....	7090.02
<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 49		
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 29.28 <b>Transaction ID : SB17.64419</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	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. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 47.64 <b>Transaction ID : SB17.64420</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	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. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 35.60 <b>Transaction ID : SB17.64421</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	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).....	112.52
<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 49		
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 35.92 <b>Transaction ID : SB17.64422</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	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. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 31.90 <b>Transaction ID : SB17.64423</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	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. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 52.38 <b>Transaction ID : SB17.64424</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	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).....	120.20
<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 40 OF 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 39.92 <b>Transaction ID : SB17.64425</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	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. Sonoma Restaurant and Wine Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 223 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 864.50 <b>Transaction ID : SB17.64426</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Catering Services - 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:	

Full Name (Last, First, Middle Initial) <b>c. Spark Street Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1505 N Capitol Street NE Floor 1		Amount of Each Disbursement this Period 485.00 <b>Transaction ID : SB17.64334</b>
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Webcasting	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).....	1389.42
<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 49			
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Staples #584</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 6139 Oxon Hill Road		Amount of Each Disbursement this Period 36.29 <b>Transaction ID : SB17.64443</b>
City Oxon Hill State MD Zip Code 20745	Purpose of Disbursement Campaign 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>B. Staples #584</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 6139 Oxon Hill Road		Amount of Each Disbursement this Period 23.32 <b>Transaction ID : SB17.64427</b>
City Oxon Hill State MD Zip Code 20745	Purpose of Disbursement Campaign 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. Staples #584</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 6139 Oxon Hill Road		Amount of Each Disbursement this Period 80.94 <b>Transaction ID : SB17.64428</b>
City Oxon Hill State MD Zip Code 20745	Purpose of Disbursement Campaign Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	140.55
<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 42 OF 49			
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Staples #584</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 6139 Oxon Hill Road		Amount of Each Disbursement this Period 52.98
City Oxon Hill	State MD Zip Code 20745	
Purpose of Disbursement Campaign Supplies	Candidate Name	Transaction ID : SB17.64429
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Staples #584</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 6139 Oxon Hill Road		Amount of Each Disbursement this Period 203.62
City Oxon Hill	State MD Zip Code 20745	
Purpose of Disbursement Campaign Supplies	Candidate Name	Transaction ID : SB17.64448
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Staples #584</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 6139 Oxon Hill Road		Amount of Each Disbursement this Period 25.42
City Oxon Hill	State MD Zip Code 20745	
Purpose of Disbursement Campaign Supplies	Candidate Name	Transaction ID : SB17.64430
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	282.02
<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 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stoked Wood Fired Eatery</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 413 Muir Street		Amount of Each Disbursement this Period 550.80
City Cambridge	State MD	
Zip Code 21613	Purpose of Disbursement Meals - Campaign Meeting	Transaction ID : SB17.64432
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. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 111 North Cove Terrace		Amount of Each Disbursement this Period 50.71
City National Harbor	State MD	
Zip Code 20745	Purpose of Disbursement Gas	Transaction ID : SB17.64433
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. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 111 North Cove Terrace		Amount of Each Disbursement this Period 51.12
City National Harbor	State MD	
Zip Code 20745	Purpose of Disbursement Gas	Transaction ID : SB17.64434
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).....	652.63
<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 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Thai Pavilion</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 151 American Way		Amount of Each Disbursement this Period 183.46 <b>Transaction ID : SB17.64450</b>
City National Harbor	State MD	
Zip Code 20745	Purpose of Disbursement Meals - Campaign Meeting	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. The Liaison Capitol Hill</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address 415 New Jersey Avenue NW		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.64406</b>
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Parking	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. United Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2014
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 886.00 <b>Transaction ID : SB17.64439</b>
City Chicago	State IL	
Zip Code 60601	Purpose of Disbursement Airfare	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).....	1089.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 735.00 <b>Transaction ID : SB17.64449</b>
City Chicago	State IL Zip Code 60601	
Purpose of Disbursement Airfare	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. US Airways</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 727.39 <b>Transaction ID : SB17.64441</b>
City Phoenix	State AZ Zip Code 85043	
Purpose of Disbursement Airfare	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. US Airways</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 1150.00 <b>Transaction ID : SB17.64445</b>
City Phoenix	State AZ Zip Code 85043	
Purpose of Disbursement Airfare	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).....	2612.39
<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 49	
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 25.00
City Phoenix	State AZ	
Zip Code 85043	Purpose of Disbursement Baggage Handling Fees	Transaction ID : SB17.64447
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Center</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2014
Mailing Address 601 F Street NW		Amount of Each Disbursement this Period 4000.00
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Suite Rental	Transaction ID : SB17.64396
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon Center</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2014
Mailing Address 601 F Street NW		Amount of Each Disbursement this Period 4000.00
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Suite Rental	Transaction ID : SB17.64397
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).....	8025.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 49		
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon Center</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 601 F Street NW		Amount of Each Disbursement this Period 1052.57 <b>Transaction ID : SB17.64374</b>
City Washington State DC Zip Code 20004	Purpose of Disbursement Catering Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Center</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 601 F Street NW		Amount of Each Disbursement this Period 196.36 <b>Transaction ID : SB17.64375</b>
City Washington State DC Zip Code 20004	Purpose of Disbursement Catering Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel Weber</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2014
Mailing Address 1356 Kenyon St. NW, #2		Amount of Each Disbursement this Period 833.00 <b>Transaction ID : SB17.64340</b>
City Washington State DC Zip Code 20010	Purpose of Disbursement Consulting Services - Communications	
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).....	2081.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 49			
	<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)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Daniel Weber</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014		
Mailing Address 1356 Kenyon St. NW, #2			Amount of Each Disbursement this Period 833.00		
City Washington	State DC	Zip Code 20010	Transaction ID : SB17.64342		
Purpose of Disbursement Consulting Services - Communications		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Daniel Weber</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014		
Mailing Address 1356 Kenyon St. NW, #2			Amount of Each Disbursement this Period 833.00		
City Washington	State DC	Zip Code 20010	Transaction ID : SB17.64351		
Purpose of Disbursement Consulting Services - Communications		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Westin Washington National Harbor</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014		
Mailing Address 171 Waterfront Street			Amount of Each Disbursement this Period 49.28		
City National Harbor	State MD	Zip Code 20745	Transaction ID : SB17.64436		
Purpose of Disbursement Meals		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1715.28
<b>TOTAL</b> This Period (last page this line number only).....	57301.21

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Estelle Rogers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 3252 S Street NW	
City State Zip Code Washington DC 20007	

Outstanding Balance Beginning This Period 10020.00	Transaction ID : SD10.37255	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10020.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	10020.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	10020.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	10020.00