

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

2 / 14

Write or Type Committee Name

DONNA EDWARDS FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | 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))..... | 1527.40 | 682670.10 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 1005.55 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 1527.40 | 681664.55 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 23250.62 | 664890.14 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 750.00 | 4084.84 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 22500.62 | 660805.30 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 12337.46 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 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

POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

DONNA EDWARDS FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

I. RECEIPTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; margin: 5px;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; margin: 5px;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>2</td></tr></table> <table border="1" style="display: inline-table; margin: 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> (date of general election) | M | M | 1 | 1 | D | D | 0 | 2 | Y | Y | Y | Y | 2 | 0 | 1 | 0 | COLUMN C Total for <table border="1" style="display: inline-table; margin: 5px;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; margin: 5px;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>3</td></tr></table> <table border="1" style="display: inline-table; margin: 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; margin: 5px;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> <table border="1" style="display: inline-table; margin: 5px;"><tr><td>D</td><td>D</td></tr><tr><td>3</td><td>1</td></tr></table> <table border="1" style="display: inline-table; margin: 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> (last day of reporting period) | M | M | 1 | 1 | D | D | 0 | 3 | Y | Y | Y | Y | 2 | 0 | 1 | 0 | M | M | 1 | 2 | D | D | 3 | 1 | Y | Y | Y | Y | 2 | 0 | 1 | 0 |
|--|--|-----------|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A) | 800.00 | 249187.60 | 800.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ii) Unitemized | 727.40 | 87493.82 | 785.34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iii) Total of contributions from individuals | 1527.40 | 336681.42 | 1585.34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) Political Party Committees | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) Other Political Committees | 0.00 | 345965.95 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date) | COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates) |
|---|--|--|
| (d) The Candidate | | |
| 0.00 | 22.73 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) | | |
| 1527.40 | 682670.10 | 1585.34 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b). All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c). TOTAL LOANS (add Lines 13(a) and (b)) | | |
| 0.00 | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) | | |
| 750.00 | 4084.84 | 1049.64 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc) | | |
| 0.00 | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 2277.40 | 686754.94 | 2634.98 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Write or Type Committe Name

DONNA EDWARDS FOR CONGRESS

Report the covering period

From:

MM 11 DD 23 YYYY 2010

To:

MM 12 DD 31 YYYY 2010

II. DISBURSEMENTS

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date) |
|---|--|---|
| 17. OPERATING EXPENDITURES | | |
| 23250.62 | 664890.14 | 35657.40 |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 20000.00 | 0.00 |
| 19. LOAN PAYMENTS | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) Of All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| 0.00 | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| 0.00 | 1005.55 | 0.00 |
| (b) Political Party Committees | | |
| 0.00 | 0.00 | 0.00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date) |
|--|---|--|
| (c) Other political committees (such as PACs) | | |
| 0.00 | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c)) | | |
| 0.00 | 1005.55 | 0.00 |
| 21. OTHER DISBURSEMENTS | | |
| 0.00 | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21) | | |
| 23250.62 | 685895.69 | 35657.40 |

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

| | | |
|---------|-----------|---------|
| 1527.40 | 681664.55 | 1585.34 |
|---------|-----------|---------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

| | | |
|----------|-----------|----------|
| 22500.62 | 660805.30 | 34607.76 |
|----------|-----------|----------|

V. CASH SUMMARY

| | |
|--|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | 33310.68 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16)..... | 2277.40 |
| 25. SUBTOTAL(add Line 23 and Line 24) | 35588.08 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22)..... | 23250.62 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 12337.46 |

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

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

FOR LINE NUMBER: PAGE 7 / 14
(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)
G. Chase Galbraith

Mailing Address 4129 Amherst

City State Zip Code
Dallas TX 75225

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

Name of Employer Occupation
Jackson Shaw Attorney

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.52485

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Lewis Shaw, II

Mailing Address 4890 Alpha Road
Suite 100

City State Zip Code
Dallas TX 75244

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

Name of Employer Occupation
Jackson Shaw Attorney

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.52483

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

TOTAL This Period (last page this line number only) ► **800.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14
(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)
Maryland National Capital Park and Planning Commission

Mailing Address 6611 Kenilworth Avenue

City State Zip Code
Riverdale MD 20737

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: SA14.52466

Amount of Each Receipt this Period
750.00

Refund of Deposit

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 750.00 |
| TOTAL This Period (last page this line number only) | ▶ | 750.00 |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Adrienne Christian</p> <p>Mailing Address 511 Four Mile Road</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Consulting Services - Campaign Mgmt</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.52495</p> <p>Date of Disbursement 11 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 833.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Adrienne Christian</p> <p>Mailing Address 511 Four Mile Road</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Consulting Services - Campaign Mgmt</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.52523</p> <p>Date of Disbursement 12 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 833.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Extra Space Storage</p> <p>Mailing Address 9211 Livingston Road</p> <p>City Fort Washington State MD Zip Code 20744</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.52519</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 196.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1862.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) JTSM Limousine LLC <hr/> Mailing Address 709 Justin Way <hr/> City Silver Spring State MD Zip Code 20901 <hr/> Purpose of Disbursement Travel - Ground Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.52515 Date of Disbursement 12 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 130.00 |
| B. | Full Name (Last, First, Middle Initial) JTSM Limousine LLC <hr/> Mailing Address 709 Justin Way <hr/> City Silver Spring State MD Zip Code 20901 <hr/> Purpose of Disbursement Travel - Ground Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.52516 Date of Disbursement 12 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 337.50 |
| C. | Full Name (Last, First, Middle Initial) JTSM Limousine LLC <hr/> Mailing Address 709 Justin Way <hr/> City Silver Spring State MD Zip Code 20901 <hr/> Purpose of Disbursement Travel - Ground Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.52517 Date of Disbursement 12 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 390.00 |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 857.50 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Maurice G. Fitzgerald, Photographer <hr/> Mailing Address 2705 Cator Drive <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Photographic Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.52509 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 600.00 |
| B. | Full Name (Last, First, Middle Initial) Mid-Atlantic Real Estate Investments <hr/> Mailing Address 9161 Liberia Avenue Suite 207 <hr/> City Manassas State VA Zip Code 20110 <hr/> Purpose of Disbursement Office Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.52496 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1175.18 |
| C. | Full Name (Last, First, Middle Initial) Jeremiah Pope <hr/> Mailing Address 10503 Sweetbriar Parkway <hr/> City Silver Spring State MD Zip Code 20903 <hr/> Purpose of Disbursement Consulting Services - Fund Raising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.52501 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 7000.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

8775.18

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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) Jeremiah Pope Mailing Address 10503 Sweetbriar Parkway City Silver Spring State MD Zip Code 20903 Purpose of Disbursement Consulting Services - Fund Raising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.52508 Date of Disbursement 12 / 14 / 2010 Amount of Each Disbursement this Period 5000.00 |
| B. | Full Name (Last, First, Middle Initial) Puttin on the Ritz Mailing Address 9115 Whiskey Bottom Road Suite E City Laurel State MD Zip Code 20723 Purpose of Disbursement Catering Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.52502 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 3946.48 |
| C. | Full Name (Last, First, Middle Initial) Jarrod Tillman Mailing Address 8930 Congress Place City Landover State MD Zip Code 20785 Purpose of Disbursement DJ Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.52510 Date of Disbursement 12 / 14 / 2010 Amount of Each Disbursement this Period 600.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

9546.48

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Verizon | Transaction ID: SB17.52507 Date of Disbursement 12 / 10 / 2010 |
| | Mailing Address PO Box 17577 | Amount of Each Disbursement this Period 600.00 |
| | City Baltimore State MD Zip Code 21297 | |
| | Purpose of Disbursement Phones | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) Daniel Weber | Transaction ID: SB17.52493 Date of Disbursement 11 / 23 / 2010 |
| | Mailing Address 1356 Kenyon St. NW, #2 | Amount of Each Disbursement this Period 858.00 |
| | City Washington State DC Zip Code 20010 | |
| | Purpose of Disbursement Consulting Services - Communications | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ►

1458.00

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

22499.16

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | | |
|---|--------------------------------------|--|
| (Use separate schedule(s) for each numbered line) | PAGE 14 / 14 | |
| | FOR LINE NUMBER: (check only one) | <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

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

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

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