

# 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

Committee to Elect Wendy Rosen for Congress

ADDRESS (number and street)

81 Montvieu Court

Check if different than previously reported. (ACC)

Cockeysville

MD

21030

2. FEC IDENTIFICATION NUMBER ▼

C C00506592

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MD

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M

/

D D

/

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M

/

D D

/

Y Y Y Y

in the State of

5. Covering Period

M M

/

D D

/

Y Y Y Y

through

M M

/

D D

/

Y Y Y Y

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 Mr Steve Rosen

Signature of Treasurer Mr Steve Rosen

[Electronically Filed]

Date

M M

/

D D

/

Y Y Y Y

03

29

2013

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Committee to Elect Wendy Rosen 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))....	34925.21	111447.54
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	34925.21	111447.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	67404.62	191649.21
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67404.62	191649.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	257.16	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	80500.00	

**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

**Committee to Elect Wendy Rosen 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).....	22237.00	67312.00
(ii) Unitemized.....	12538.21	43760.54
(iii) TOTAL of contributions from individuals ▶	34775.21	111072.54
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	150.00	150.00
(d) The Candidate.....	0.00	225.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34925.21	111447.54
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	95500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	95500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	16.20	48.83
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	34941.41	206996.37

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67404.62	191649.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	15000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	15000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	90.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	67404.62	206739.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	32720.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34941.41
25. SUBTOTAL (add Line 23 and Line 24).....	67661.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67404.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	257.16

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Carol Ann Allen**

Mailing Address 701 Stoneleigh Rd

City Baltimore State MD Zip Code 21212-1648

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : C19469678**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 356 N Mc Cadden Pl.

City Los Angeles State CA Zip Code 90004

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

Name of Employer Information Requested Occupation Information Requested  
Self Employed Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : C19489803**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 920 Russell Ave.

City Salisbury State MD Zip Code 21801

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

Name of Employer Information Requested Occupation Information Requested  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C19510465**

Amount of Each Receipt this Period  
125.00

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

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

625.00

**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 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

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

Mailing Address 602 Bayside Drive

City State Zip Code  
Stevensville MD 21666-2730

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

Name of Employer Occupation  
Bastress & Associates, LLC Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2012

**Transaction ID : C19475406**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 709 Riverside Pines Ct

City State Zip Code  
Salisbury MD 21801-6727

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

Name of Employer Occupation  
Bozick Distributors Inc. VP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2012

**Transaction ID : C19513753**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 103 N Church St  
P.O. Box 273

City State Zip Code  
Snow Hill MD 21863-1201

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

Name of Employer Occupation  
Information Requested Bishop Stock Gallery

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2012

**Transaction ID : C19511275**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patsy Coy**

Mailing Address 1128 W. Kensington Road

City Los Angeles State CA Zip Code 90026

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

Name of Employer Cal State Northridge Occupation Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : C19489795**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 45 Montview Court

City Cockeysville State MD Zip Code 21030

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

Name of Employer Towson University Occupation Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C19493985**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 303 N. Queen Street

City Chestertown State MD Zip Code 21620

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

Name of Employer Self Occupation Counsultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : C19494752**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Terence T. Finn**

Mailing Address 8744 S Bayview Dr

City Chestertown State MD Zip Code 21620-4377

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2012

**Transaction ID : C19476337**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9628 Martingham Cir

City Saint Michaels State MD Zip Code 21663

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

Name of Employer Retired Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2012

**Transaction ID : C19474832**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 113 Hoffman Ln

City Chestertown State MD Zip Code 21620-1913

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

Name of Employer NA Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C19480738**

Amount of Each Receipt this Period  
2500.00

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

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

5000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Gross**

Mailing Address 409 Mallard Court

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2012

**Transaction ID : C19541479**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 409 Mallard Court

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2012

**Transaction ID : C19773919**

Amount of Each Receipt this Period  
-500.00

Stop Payment

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

Mailing Address 160 Rugby Rd

City State Zip Code  
Arnold MD 21012

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

Name of Employer Information Requested  
Occupation Information Requested  
Venable LLP Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C19480737**

Amount of Each Receipt this Period  
1000.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony Harrington**

Mailing Address 2268 Ratcliffe Manor Lane

City Easton State MD Zip Code 21601

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

Name of Employer Albright Stonebridge Group Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : C19490069**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 14006 Huyett Ln

City Galena State MD Zip Code 21635-1203

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

Name of Employer Kenneth F Herlihy, LLC Occupation Farming

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C19511243**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P. O. Box 6

City Queenstown State MD Zip Code 21658

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

Name of Employer NA Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : C19494758**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Edward Hugler</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2012	
Mailing Address 200 S. Water Street		<b>Transaction ID : C19494757</b>	
City Chestertown	State MD	Zip Code 21620	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer U.S. Department of Labor	Occupation Deputy Assistant Secretary for Operati		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. HARRIET S. IGLEHART</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2012	
Mailing Address 15905 CARROLL RD		<b>Transaction ID : C19469679</b>	
City MONKTON	State MD	Zip Code 21111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Information Requested	Occupation Housewife		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. Sonny Kamm</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2012	
Mailing Address 15655 Meadowgate Rd		<b>Transaction ID : C19488059</b>	
City Encino	State CA	Zip Code 91436	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 12 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lori Leary</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 02 / 2012
Mailing Address 155 Ridley Circle		<b>Transaction ID : C19453625</b>
City Decatur	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer self	Occupation artist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Lynch</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 23 / 2012
Mailing Address 3524 Williamsburg Lane NW		<b>Transaction ID : C19513752</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Americans for the Arts	Occupation Arts Administrator	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Charles James Marquette</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 11 / 2012
Mailing Address 2401 Beech Street		<b>Transaction ID : C19465737</b>
City Cambridge	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<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 13 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carla Massoni</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2012	
Mailing Address 209 North Water Street		<b>Transaction ID : C19541458</b>	
City Chestertown	State MD	Zip Code 21620	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Art Gallery Owner		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>B. Margot Miller</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2012	
Mailing Address 117 E Dover Street Unit 404		<b>Transaction ID : C19490064</b>	
City Easton	State MD	Zip Code 21601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer none	Occupation not employed		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. John A. Moag Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2012	
Mailing Address 4723 Falls Road		<b>Transaction ID : C19494739</b>	
City Baltimore	State MD	Zip Code 21209	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer Moag & Company	Occupation Chairman & CEO		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

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

Mailing Address 1213 Frederick Ave

City Salisbury State MD Zip Code 21801

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C19511262**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 45 Cedar Knoll Road

City Cockeysville State MD Zip Code 21030

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2012

**Transaction ID : C19476351**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 3864 Rumsey Drive

City Trappe State MD Zip Code 21673

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

Name of Employer none Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C19511248**

Amount of Each Receipt this Period  
 100.00

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

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

600.00

**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 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kathy Reiner Reiner Martin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2012	
Mailing Address 9127 Cowenton Ave		<b>Transaction ID : C19476376</b>	
City Perry Hall	State MD	Zip Code 21128-9607	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer University of Maryland	Occupation Computer Analyst		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Kathy Reiner Reiner Martin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2012	
Mailing Address 9127 Cowenton Ave		<b>Transaction ID : C19476378</b>	
City Perry Hall	State MD	Zip Code 21128-9607	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer University of Maryland	Occupation Computer Analyst		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Wendy Sue Rosen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2012	
Mailing Address 3401 Mandeville Canyon Rd		<b>Transaction ID : C19489806</b>	
City Los Angeles	State CA	Zip Code 90049	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer N/A	Occupation Community Volunteer/Homemaker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1500.00
<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 16 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Salett**

Mailing Address 1308 29th Stree NW

City Washington State DC Zip Code 20007

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

Name of Employer National Multicultural Institute Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : C19494743**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 41 Montvieu Court

City Cockeysville State MD Zip Code 21030

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2012

**Transaction ID : C19476384**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8413 W Third St

City Los Angeles State CA Zip Code 90048

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

Name of Employer FreeHand Gallery Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : C19488064**

Amount of Each Receipt this Period  
500.00

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

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

1000.00



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

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

FOR LINE NUMBER: PAGE 17 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Wendy Rosen for Congress**

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

Mailing Address 212 S. Morris St.

City Oxford State MD Zip Code 21654

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

Name of Employer NA Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 01 / 2012**

**Transaction ID : C19483209**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 6086 Fredricks Rd

City Sebastopol State CA Zip Code 94710

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

Name of Employer self Occupation Glass artist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 02 / 2012**

**Transaction ID : C19453622**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 30223 Stoneybrooke Drive

City Salisbury State MD Zip Code 21804

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 22 / 2012**

**Transaction ID : C19510466**

Amount of Each Receipt this Period  
**50.00**

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

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

**1550.00**

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

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

FOR LINE NUMBER: PAGE 18 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Carol Thompson**

Mailing Address PO Box 1897

City Easton State MD Zip Code 21601

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

Name of Employer Retired Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : C19490067**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 2705 Pocock Rd

City Monkton State MD Zip Code 21111-2311

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

Name of Employer Dickstein Shapiro LLP Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2012

**Transaction ID : C19452812**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 800 Aldan Drive

City Chestertown State MD Zip Code 21620

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

Name of Employer Self-Employed Occupation Self-Employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2012

**Transaction ID : C19541302**

Amount of Each Receipt this Period  
 250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Laura Wade</b>		Date of Receipt MM / DD / YYYY 09 / 13 / 2012
Mailing Address 800 Aldan Drive		<b>Transaction ID : C19773922</b>
City Chestertown	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -250.00
Name of Employer Self-Employed	Occupation Self-Employed	Stop Payment
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>B. Madeleine B. Adams</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2012
Mailing Address 203 E William St		<b>Transaction ID : C19773828A</b>
City Salisbury	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer NA	Occupation Retired	* Earmarked Contribution: See Below
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2012
Mailing Address P.O. BOX 382110		<b>Transaction ID : C19773828AB</b>
City CAMBRIDGE	State MA	
FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Conduit total listed in Agg. field	<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6817.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	-150.00
<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 20 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

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

Mailing Address 203 E William St

City Salisbury State MD Zip Code 21801

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

Name of Employer NA Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2012

**Transaction ID : C19773829A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City CAMBRIDGE State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2012

**Transaction ID : C19773829AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 551 Munger St

City Middlebury State VT Zip Code 05753

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

Name of Employer Self Occupation Jewelry Designer/ Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2012

**Transaction ID : C19773719A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

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

200.00

**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 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2012

**Transaction ID : C19773719AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 31754 Center Ridge Road

City State Zip Code  
North Ridgeville OH 44039

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

Name of Employer Occupation  
Bezak Glass Jeweler/artist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2012

**Transaction ID : C19773827A**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2012

**Transaction ID : C19773827AB**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

500.00

**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 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joyce M Fitzpatrick**

Mailing Address 103 Prospect Bay Dr W

City Grasonville State MD Zip Code 21638-1185

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

Name of Employer none Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2012

**Transaction ID : C19773817A**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City CAMBRIDGE State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer none Occupation Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2012

**Transaction ID : C19773817AB**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 26210 Ingleton Circle

City Easton State MD Zip Code 21601

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

Name of Employer none Occupation not employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2012

**Transaction ID : C19773741A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 22 / 2012

**Transaction ID : C19773741AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 1426 4th St.

City State Zip Code  
Santa Monica CA 90401

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

Name of Employer Occupation  
Adamm's Stained Glass self employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 05 / 2012

**Transaction ID : C19773816A**

Amount of Each Receipt this Period  
150.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 05 / 2012

**Transaction ID : C19773816AB**

Amount of Each Receipt this Period  
150.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Jefferson Hammar**

Mailing Address 4330 Church Rd

City State Zip Code  
Hampstead MD 21074-2724

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

Name of Employer DoD Occupation Network Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
688.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 22 / 2012

**Transaction ID : C19773815A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 22 / 2012

**Transaction ID : C19773815AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 10545 Miracle House Circle

City State Zip Code  
Claiborne MD 21624

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

Name of Employer Virginia Tech National Capital Region Occupation professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 15 / 2012

**Transaction ID : C19773745A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

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

500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

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

Mailing Address **P.O. BOX 382110**

City **CAMBRIDGE** State **MA** Zip Code **02238**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
 \_\_\_\_\_ **6817.96** \_\_\_\_\_

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		15		2012

**Transaction ID : C19773745AB**

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

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address **377 Ocean Parkway**

City **Ocean Pines** State **MD** Zip Code **21811**

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

Name of Employer **Federal Government** Occupation **Retired**

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
 \_\_\_\_\_ **250.00** \_\_\_\_\_

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		03		2012

**Transaction ID : C19773748A**

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

\* Earmarked Contribution: See Below

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

Mailing Address **P.O. BOX 382110**

City **CAMBRIDGE** State **MA** Zip Code **02238**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
 \_\_\_\_\_ **6817.96** \_\_\_\_\_

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		03		2012

**Transaction ID : C19773748AB**

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

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

\_\_\_\_\_ **250.00** \_\_\_\_\_

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cynthia Hoskins**

Mailing Address **PO Box 991**

City **La Conner** State **WA** Zip Code **98257**

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

Name of Employer **none** Occupation **Self-employed**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**312.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 03 / 2012**

**Transaction ID : C19773749A**

Amount of Each Receipt this Period  
**112.00**

\* Earmarked Contribution: See Below

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

Mailing Address **P.O. BOX 382110**

City **CAMBRIDGE** State **MA** Zip Code **02238**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer **none** Occupation **Conduit total listed in Agg. field**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6817.96**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 03 / 2012**

**Transaction ID : C19773749AB**

Amount of Each Receipt this Period  
**112.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address **24490 Tricefield Ct.**

City **St. Michaels** State **MD** Zip Code **21663**

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

Name of Employer **none** Occupation **retired**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 29 / 2012**

**Transaction ID : C19773756A**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

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

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

**212.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2012

**Transaction ID : C19773756AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 24490 Tricefield Ct.

City State Zip Code  
St. Michaels MD 21663

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

Name of Employer Occupation  
none retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2012

**Transaction ID : C19773794A**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2012

**Transaction ID : C19773794AB**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

50.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Francis Lawlor**

Mailing Address **POB 217**

City **Royal Oak** State **MD** Zip Code **21662**

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

Name of Employer **none** Occupation **retired**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 29 / 2012**

**Transaction ID : C19773759A**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

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

Mailing Address **P.O. BOX 382110**

City **CAMBRIDGE** State **MA** Zip Code **02238**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
**Conduit total listed in Agg. field**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6817.96**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 29 / 2012**

**Transaction ID : C19773759AB**

Amount of Each Receipt this Period  
**100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address **256 Baskerville Court**

City **Severna Park** State **MD** Zip Code **21146**

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

Name of Employer **Self - CVL Consulting LLC** Occupation **Consultant**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 08 / 2012**

**Transaction ID : C19773775A**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

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

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

**350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2012

**Transaction ID : C19773775AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 235 E 87th Street, 10C

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
none Self employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2012

**Transaction ID : C19773793A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2012

**Transaction ID : C19773793AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

250.00

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harvey Sadow**

Mailing Address 9540 Quail Trail

City Jupiter State FL Zip Code 33478

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

Name of Employer self Occupation Studio Artist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
08 / 26 / 2012

**Transaction ID : C19773803A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City CAMBRIDGE State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
08 / 26 / 2012

**Transaction ID : C19773803AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 9540 Quail Trail

City Jupiter State FL Zip Code 33478

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

Name of Employer self Occupation Studio Artist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
07 / 01 / 2012

**Transaction ID : C19773804A**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2012

**Transaction ID : C19773804AB**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 2281 Ocean Gateway

City State Zip Code  
Trappe MD 21673

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

Name of Employer Occupation  
Self Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 08 / 2012

**Transaction ID : C19773764A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6817.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 08 / 2012

**Transaction ID : C19773764AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

250.00

22237.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 60
	<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)  
**Committee to Elect Wendy Rosen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Baltimore County Democratic Central Committee**

Mailing Address 8419 Liberty Road

City Windsor Mill State MD Zip Code 21244

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2012

**Transaction ID : C19513756**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Supporters of Thomas Middleton**

Mailing Address PO Box 2502

City La Plata State MD Zip Code 20646

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : C19489632**

Amount of Each Receipt this Period  
100.00

**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).....

150.00

150.00



**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 33 OF 60			
	<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)  
**Committee to Elect Wendy Rosen 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 07 / 01 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 8.70
City Cambridge	State MD	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : D553271
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 33.78
City Cambridge	State MD	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : D553272
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 10.48
City Cambridge	State MD	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : D553273
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	52.96
<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 60			
	<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)  
**Committee to Elect Wendy Rosen 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 07 / 15 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 14.82
City Cambridge	State MD	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fees	<b>Transaction ID : D553274</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 49.47
City Cambridge	State MD	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fees	<b>Transaction ID : D553275</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 20.16
City Cambridge	State MD	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fees	<b>Transaction ID : D553277</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.45
<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 60			
	<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)  
**Committee to Elect Wendy Rosen 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 08 / 05 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 37.75
City Cambridge	State MD	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 9.16
City Cambridge	State MD	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 15.81
City Cambridge	State MD	
Zip Code 02138	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	62.72
<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 60			
	<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)  
**Committee to Elect Wendy Rosen 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 08 / 26 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 41.30
City Cambridge	State MD	
Zip Code 02138		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2012
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 28.15
City Cambridge	State MD	
Zip Code 02138		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Mirielle Burgoyne</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 24 Warren Common		Amount of Each Disbursement this Period 92.41
City Cockeysville	State MD	
Zip Code 21030		
Purpose of Disbursement Reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	161.86
<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 60	
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mirielle Burgoyne</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 24 Warren Common		Amount of Each Disbursement this Period 23.00
City Cockeysville	State MD	
Zip Code 21030	Purpose of Disbursement Reimbursement	Transaction ID : D517117
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mirielle Burgoyne</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 24 Warren Common		Amount of Each Disbursement this Period 1000.00
City Cockeysville	State MD	
Zip Code 21030	Purpose of Disbursement Payroll	Transaction ID : D518575
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mirielle Burgoyne</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 24 Warren Common		Amount of Each Disbursement this Period 1000.00
City Cockeysville	State MD	
Zip Code 21030	Purpose of Disbursement Payroll	Transaction ID : D520357
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2023.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mirielle Burgoyne</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 24 Warren Common		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D553254</b>
City Cockeysville	State MD	
Zip Code 21030	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jan Crawford</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2012
Mailing Address 23031 St. Louis Road		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D521988</b>
City Middleburg	State VA	
Zip Code 20117	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Jan Crawford</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 23031 St. Louis Road		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D553250</b>
City Middleburg	State VA	
Zip Code 20117	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 60	
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. DaDa Designs LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 8936 Goldsborough Neck Road		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : D553246</b>
City Easton	State MD	
Zip Code 21601	Purpose of Disbursement Graphic Design	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. James Daniel Ford</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 422 North 2nd St		Amount of Each Disbursement this Period 2225.00 <b>Transaction ID : D553244</b>
City Wormleysburg	State CA	
Zip Code 17043	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. James Daniel Ford</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 422 North 2nd St		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : D553241</b>
City Wormleysburg	State CA	
Zip Code 17043	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 60		
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Brian Horn</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2012
Mailing Address 1192 Rousseau Drive		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D523554</b>
City Webster	State NY	
Zip Code 14580	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Brian Horn</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 1192 Rousseau Drive		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D553240</b>
City Webster	State NY	
Zip Code 14580	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Brian Horn</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 1192 Rousseau Drive		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D553253</b>
City Webster	State NY	
Zip Code 14580	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Brian Horn</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2012
Mailing Address 1192 Rousseau Drive		Amount of Each Disbursement this Period 2100.42 <b>Transaction ID : D521759</b>
City Webster	State NY	
Purpose of Disbursement Travel reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brian Horn</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 1192 Rousseau Drive		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D518574</b>
City Webster	State NY	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Brian Horn</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2012
Mailing Address 1192 Rousseau Drive		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D520355</b>
City Webster	State NY	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2100.42
<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 42 OF 60		
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Brian Horn</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2012
Mailing Address 1192 Rousseau Drive		Amount of Each Disbursement this Period 980.00 <b>Transaction ID : D518385</b>
City Webster	State NY	
Zip Code 14580	Purpose of Disbursement Reimbursement for office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Brian Horn</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 1192 Rousseau Drive		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D516991</b>
City Webster	State NY	
Zip Code 14580	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Joan Johnson</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 306 W. Oak Ave.		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : D516990</b>
City Easton	State MD	
Zip Code 21601	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1980.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Joan Johnson</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2012
Mailing Address 306 W. Oak Ave.		Amount of Each Disbursement this Period 80.76 <b>Transaction ID : D517764</b>
City Easton	State MD	
Zip Code 21601	Purpose of Disbursement Reimbursement for office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Joan Johnson</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 306 W. Oak Ave.		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : D518576</b>
City Easton	State MD	
Zip Code 21601	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Joan Johnson</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 306 W. Oak Ave.		Amount of Each Disbursement this Period 157.94 <b>Transaction ID : D518577</b>
City Easton	State MD	
Zip Code 21601	Purpose of Disbursement Reimbursement for printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1138.70
<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 44 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Joan Johnson</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012		
Mailing Address 306 W. Oak Ave.			Amount of Each Disbursement this Period 900.00		
City Easton	State MD	Zip Code 21601	Transaction ID : D520353		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Joan Johnson</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012		
Mailing Address 306 W. Oak Ave.			Amount of Each Disbursement this Period 32.56		
City Easton	State MD	Zip Code 21601	Transaction ID : D520354		
Purpose of Disbursement Reimbursement for postage		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Joan Johnson</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012		
Mailing Address 306 W. Oak Ave.			Amount of Each Disbursement this Period 85.56		
City Easton	State MD	Zip Code 21601	Transaction ID : D553245		
Purpose of Disbursement Reimbursement for Office Expenses		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1018.12
<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 45 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Joan Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2012
Mailing Address 306 W. Oak Ave.		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : D523552</b>
City Easton	State MD	
Zip Code 21601	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Joan Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 306 W. Oak Ave.		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : D553242</b>
City Easton	State MD	
Zip Code 21601	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Joan Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 306 W. Oak Ave.		Amount of Each Disbursement this Period 96.05 <b>Transaction ID : D523831</b>
City Easton	State MD	
Zip Code 21601	Purpose of Disbursement Reimbursement for office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1896.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 60	
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Maryland Department of Planning</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2012
Mailing Address 301 W Preston St		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D521990</b>
City Baltimore	State MD	
Zip Code 21201	Purpose of Disbursement Maps	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mint Museum of Art</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 2730 Randolph Road		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : D513453</b>
City Charlotte	State NC	
Zip Code 28207	Purpose of Disbursement Rental Space	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Peter D. Hart Research Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 1724 Connecticut Ave. NW		Amount of Each Disbursement this Period 13000.00 <b>Transaction ID : D519852</b>
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Polling	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14050.00
<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 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Point Breeze Credit Union</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012		
Mailing Address Point Breeze Credit Union			Amount of Each Disbursement this Period 15.00		
City Hunt Valley	State MD	Zip Code 21031	Transaction ID : D553227		
Purpose of Disbursement Bank Fee		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Point Breeze Credit Union</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012		
Mailing Address Point Breeze Credit Union			Amount of Each Disbursement this Period 26.00		
City Hunt Valley	State MD	Zip Code 21031	Transaction ID : D553228		
Purpose of Disbursement Bank Fee		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Point Breeze Credit Union</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2012		
Mailing Address Point Breeze Credit Union			Amount of Each Disbursement this Period 26.00		
City Hunt Valley	State MD	Zip Code 21031	Transaction ID : D553229		
Purpose of Disbursement Bank Fee		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	67.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Point Breeze Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address Point Breeze Credit Union		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : D553230</b>
City Hunt Valley	State MD	
Zip Code 21031	Purpose of Disbursement Bank Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Point Breeze Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address Point Breeze Credit Union		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D553231</b>
City Hunt Valley	State MD	
Zip Code 21031	Purpose of Disbursement Bank Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Point Breeze Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address Point Breeze Credit Union		Amount of Each Disbursement this Period 26.00 <b>Transaction ID : D553232</b>
City Hunt Valley	State MD	
Zip Code 21031	Purpose of Disbursement Bank Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	66.00
<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 49 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Point Breeze Credit Union</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012	
Mailing Address Point Breeze Credit Union			Amount of Each Disbursement this Period 26.00	
City Hunt Valley	State MD	Zip Code 21031	Transaction ID : D553233	
Purpose of Disbursement Bank Fee		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Steve Rosen</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012	
Mailing Address 81 Montvieu Ct.			Amount of Each Disbursement this Period 255.00	
City Hunt Valley	State MD	Zip Code 21030	Transaction ID : D521888	
Purpose of Disbursement Reimbursement for Office & Campaign Expenses		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Steve Rosen</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012	
Mailing Address 81 Montvieu Ct.			Amount of Each Disbursement this Period 3150.00	
City Hunt Valley	State MD	Zip Code 21030	Transaction ID : D513106	
Purpose of Disbursement Reimbursement for Office & Campaign Expenses		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3431.00
<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 50 OF 60		
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Steve Rosen</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address 81 Montvieu Ct.		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : D517366</b>
City Hunt Valley	State MD	
Zip Code 21030	Purpose of Disbursement Reimbursement for Office & Campaign Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Steve Rosen</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address 81 Montvieu Ct.		Amount of Each Disbursement this Period 3256.66 <b>Transaction ID : D518504</b>
City Hunt Valley	State MD	
Zip Code 21030	Purpose of Disbursement Reimbursement for Office & Campaign Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Rebecca Scott</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2012
Mailing Address 28664 Georgetown Road		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : D520352</b>
City Salem	State OH	
Zip Code 44460	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5101.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 60	
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rebecca Scott</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 28664 Georgetown Road		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : D518579</b>
City Salem	State OH	
Zip Code 44460	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Rebecca Scott</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2012
Mailing Address 28664 Georgetown Road		Amount of Each Disbursement this Period 565.00 <b>Transaction ID : D521758</b>
City Salem	State OH	
Zip Code 44460	Purpose of Disbursement Reimbursement for MACo	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Rebecca Scott</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2012
Mailing Address 28664 Georgetown Road		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : D523553</b>
City Salem	State OH	
Zip Code 44460	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4165.00
<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 52 OF 60	
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rebecca Scott</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 28664 Georgetown Road		Amount of Each Disbursement this Period 197.94 <b>Transaction ID : D523825</b>
City Salem	State OH	
Zip Code 44460	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Rebecca Scott</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 28664 Georgetown Road		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : D553251</b>
City Salem	State OH	
Zip Code 44460	Purpose of Disbursement Reimbursement for Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Rebecca Scott</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 28664 Georgetown Road		Amount of Each Disbursement this Period 3600.00 <b>Transaction ID : D553252</b>
City Salem	State OH	
Zip Code 44460	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3997.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 8168 Elliott Road		Amount of Each Disbursement this Period 220.99
City Easton	State MD Zip Code 21601	
Purpose of Disbursement Office supplies and printing		Transaction ID : D517491
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Susan Wood</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address Wood Reality 115 N. Harrison Street		Amount of Each Disbursement this Period 2000.00
City Easton	State MD Zip Code 21601	
Purpose of Disbursement Rent		Transaction ID : D513423
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Susan Wood</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address Wood Reality 115 N. Harrison Street		Amount of Each Disbursement this Period 2000.00
City Easton	State MD Zip Code 21601	
Purpose of Disbursement Rent		Transaction ID : D520407
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4220.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Susan Wood</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2012
Mailing Address Wood Reality 115 N. Harrison Street		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D553255</b>
City Easton	State MD Zip Code 21601	
Purpose of Disbursement Rent	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brandon Thaler</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 607 South Pacific Ave.		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : D516989</b>
City Ocean City	State MD Zip Code 21842	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Brandon Thaler</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 607 South Pacific Ave.		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : D518578</b>
City Ocean City	State MD Zip Code 21842	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3500.00
<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 55 OF 60		
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Brandon Thaler</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 607 South Pacific Ave.		Amount of Each Disbursement this Period 976.55 <b>Transaction ID : D553243</b>
City Ocean City	State MD	
Zip Code 21842	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2012
Mailing Address 115 Wight Avenue		Amount of Each Disbursement this Period 42.30 <b>Transaction ID : D553249</b>
City Cockeysville	State MD	
Zip Code 21030	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2012
Mailing Address 115 Wight Avenue		Amount of Each Disbursement this Period 184.25 <b>Transaction ID : D518386</b>
City Cockeysville	State MD	
Zip Code 21030	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	976.55
<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 56 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address 115 Wight Avenue		Amount of Each Disbursement this Period 13.35
City Cockeysville	State MD	
Zip Code 21030		
Purpose of Disbursement Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wendy Rosen</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 81 Montvieu Ct		Amount of Each Disbursement this Period 200.00
City Cockeysville	State MD	
Zip Code 21030		
Purpose of Disbursement Travel Expenses		Category/ Type
Candidate Name <b>Wendy Rosen</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>C. Roo Wood</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 115 N. Harrison Street		Amount of Each Disbursement this Period 147.32
City Easton	State MD	
Zip Code 21601		
Purpose of Disbursement Office Utilities		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	360.67
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 60			
	<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)  
**Committee to Elect Wendy Rosen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Roo Wood</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012		
Mailing Address 115 N. Harrison Street			Amount of Each Disbursement this Period 40.00		
City Easton	State MD	Zip Code 21601	Transaction ID : D520359		
Purpose of Disbursement Lawn maintenance		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Roo Wood</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2012		
Mailing Address 115 N. Harrison Street			Amount of Each Disbursement this Period 333.67		
City Easton	State MD	Zip Code 21601	Transaction ID : D523551		
Purpose of Disbursement Office Utilities		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	373.67
<b>TOTAL</b> This Period (last page this line number only).....	66678.76

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L1017

Committee to Elect Wendy Rosen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Wendy Rosen PERS FUNDS

Primary  
 General  
 Other (specify) ▼

Mailing Address  
81 Montvieu Ct

City State ZIP Code  
Cockeysville MD 21030

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
60000.00 0.00 60000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 29 / Y 2012 M M / D D / On Demand None % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 60000.00  
**TOTALS** This Period (last page in this line only)..... ▶

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L1018

Committee to Elect Wendy Rosen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Wendy Rosen PERS FUNDS

Primary  
 General  
 Other (specify) ▼

Mailing Address  
81 Montvieu Ct

City State ZIP Code  
Cockeysville MD 21030

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

### TERMS

Date Incurred: M 12 / D 29 / Y 2011  
 Date Due: M / D / Y On Demand  
 Interest Rate: None % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Committee to Elect Wendy Rosen for Congress** Transaction ID : **L1019**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Wendy Rosen PERS FUNDS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 81 Montvieu Ct		

City	State	ZIP Code
Cockeysville	MD	21030

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 17 / Y 2011 Y	M M / D D / Y On Demand Y Y Y	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	500.00
<b>TOTALS</b> This Period (last page in this line only).....	80500.00

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