

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Campaign for Maryland

ADDRESS (number and street)

220 Broadway

☐Check if different  
than previously  
reported. (ACC)

Centreville

MD

21617

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384263

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)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  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2007

through

06

30

2007

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

Lynn Caligiuri

Signature of Treasurer

Electronically Filed by Lynn Caligiuri

Date

07

13

2007

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 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Campaign for Maryland

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 7 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>2007</span>                                                               |                         | 5050.86                           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                       | 9200.86                 |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 7750.00                 | 14000.00                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 16950.86                | 19050.86                          |
| 7. Total Disbursements (from Line 31) .....                                                                      | 7854.70                 | 9954.70                           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 9096.16                 | 9096.16                           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 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**

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Page 3

Write or Type Committee Name  
Campaign for Maryland

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

To:

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                | 250.00                        | 500.00                            |
| (i) Itemized (use Schedule A) .....                                                                    |                               |                                   |
| (ii) Unitemized .....                                                                                  | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 250.00                        | 500.00                            |
| (b) Political Party Committees .....                                                                   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....                                                    | 7500.00                       | 13500.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....    | 7750.00                       | 14000.00                          |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                           | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds                                                         |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                       | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                               | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).                                                              | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 7750.00                       | 14000.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 7750.00                       | 14000.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| II. DISBURSEMENTS                                                                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                     |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      | 0.00                          | 0.00                              |
| (i) Federal Share.....                                                                          |                               |                                   |
| (ii) Non-Federal Share.....                                                                     | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....                                                   | 6514.70                       | 8614.70                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡                         | 6514.70                       | 8614.70                           |
| 22. Transfers to Affiliated/Other Party Committees.....                                         | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 1340.00                       | 1340.00                           |
| 24. Independent Expenditure (use Schedule E) .....                                              | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                   | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                             | 0.00                          | 0.00                              |
| 28. 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 28(a), (b), and (c)) .....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements.....                                                                    | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C 431(20))                                                 |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)                                         |                               |                                   |
| (i) Federal Share .....                                                                         | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....               | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..        | 7854.70                       | 9954.70                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 7854.70                       | 9954.70                           |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 7750.00                       | 14000.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 7750.00                       | 14000.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 6514.70                       | 8614.70                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 6514.70                       | 8614.70                           |

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

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

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Campaign for Maryland

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

Richard Innes

Mailing Address 1101 14th Str., NW  
Suite 420

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conservation Strategies,  
LLC

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.4912

Amount of Each Receipt this Period

250.00

contribution/fundraiser  
luncheon

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

250.00

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

250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 13

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Campaign for Maryland

Full Name (Last, First, Middle Initial)  
**A. AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 101 NORTH THIRD STREET

City State Zip Code  
**MOORHEAD MN 56560**

FEC ID number of contributing  
federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11C.4921

Amount of Each Receipt this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. AMERICAN PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 499 SOUTH CAPITOL STREET SW #409

City State Zip Code  
**WASHINGTON DC 20003**

FEC ID number of contributing  
federal political committee. **C C00041061**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11C.4911

Amount of Each Receipt this Period

1000.00

contribution/fundraising  
luncheon

Full Name (Last, First, Middle Initial)  
**C. ASSOCIATION OF MARYLAND PILOTS PAC**

Mailing Address 3720 DILLON STREET

City State Zip Code  
**BALTIMORE MD 21224**

FEC ID number of contributing  
federal political committee. **C C00389601**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11C.4913

Amount of Each Receipt this Period

500.00

Donation

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Campaign for Maryland

**A.** Full Name (Last, First, Middle Initial)  
**CONSTELLATION ENERGY GROUP INC. FEDERAL PAC**

Mailing Address 750 E. Pratt St. 5th Floor  
P.O. Box 1475

City State Zip Code  
**Baltimore MD 21202**

FEC ID number of contributing  
federal political committee. **C C00041376**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 6 / 1 2 / 2 0 0 7**

**Transaction ID: SA11C.4915**

Amount of Each Receipt this Period

1000.00

contribution/fundraiser

**B.** Full Name (Last, First, Middle Initial)  
**DOMINION POLITICAL ACTION COMMITTEE**

Mailing Address ONE JAMES RIVER PLAZA 20TH FLOOR  
P.O. BOX 26666

City State Zip Code  
**RICHMOND VA 23261**

FEC ID number of contributing  
federal political committee. **C C00108209**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 5 / 2 9 / 2 0 0 7**

**Transaction ID: SA11C.4910**

Amount of Each Receipt this Period

500.00

contribution/fundraising  
luncheon

**C.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 520 S. GRAND AVE. STE. 700

City State Zip Code  
**LOS ANGELES CA 90071**

FEC ID number of contributing  
federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 4 / 3 0 / 2 0 0 7**

**Transaction ID: SA11C.4905**

Amount of Each Receipt this Period

500.00

contribution

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

2000.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 13

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Campaign for Maryland

A. Full Name (Last, First, Middle Initial)  
TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 40385

City State Zip Code  
WASHINGTON DC 20016

FEC ID number of contributing  
federal political committee.

**C** C00433060

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: SA11C.4919

Amount of Each Receipt this Period

2000.00

contribution

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

2000.00

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Campaign for Maryland

|                                                                                                                                            |                                                                                                                                                      |                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Lynn Caligiuri                                                                        |                                                                                                                                                      | <b>Transaction ID:</b> SB21B.4894<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 7</div> </div> |  |
| Mailing Address 220 Broadway                                                                                                               |                                                                                                                                                      | <b>Amount of Each Disbursement this Period</b><br><div>1000.00</div>                                                                           |  |
| City Centreville<br>State MD<br>Zip Code 21617                                                                                             | Purpose of Disbursement<br>fundraising services<br>Candidate Name                                                                                    | <div>Category/Type</div>                                                                                                                       |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |                                                                                                                                                |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Lynn Caligiuri                                                                        |                                                                                                                                                      | <b>Transaction ID:</b> SB21B.4906<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 7</div> </div> |  |
| Mailing Address 220 Broadway                                                                                                               |                                                                                                                                                      | <b>Amount of Each Disbursement this Period</b><br><div>2000.00</div>                                                                           |  |
| City Centreville<br>State MD<br>Zip Code 21617                                                                                             | Purpose of Disbursement<br>fundraising services<br>Candidate Name                                                                                    | <div>Category/Type</div>                                                                                                                       |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Lynn Caligiuri                                                                        |                                                                                                                                                      | <b>Transaction ID:</b> SB21B.4909<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 7</div> </div> |  |
| Mailing Address 220 Broadway                                                                                                               |                                                                                                                                                      | <b>Amount of Each Disbursement this Period</b><br><div>1500.00</div>                                                                           |  |
| City Centreville<br>State MD<br>Zip Code 21617                                                                                             | Purpose of Disbursement<br>Fundraising Services<br>Candidate Name                                                                                    | <div>Category/Type</div>                                                                                                                       |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |                                                                                                                                                |  |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....                                                                                |                                                                                                                                                      | <div>4500.00</div>                                                                                                                             |  |
| <b>TOTAL</b> This Period (last page this line number only) .....                                                                           |                                                                                                                                                      | <div></div>                                                                                                                                    |  |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 13

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Campaign for Maryland

|                                                                                                                                      |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Capitol Hill Club                                                               |                                                                                                                                   | <b>Transaction ID:</b> SB21B.4895<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 0 | 9 |  | 2 | 0 | 0 | 7 |
| M                                                                                                                                    | M                                                                                                                                 | /                                                                                                                                                                                                                                                                                                                             | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 4                                                                                                                                 |                                                                                                                                                                                                                                                                                                                               | 0      | 9 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 300 First Street, SE                                                                                                 |                                                                                                                                   | <b>Amount of Each Disbursement this Period</b><br><table border="1"> <tr> <td>982.30</td> </tr> </table>                                                                                                                                                                                                                      | 982.30 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 982.30                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20003                                                                                              |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>catering/fundraising luncheon                                                                             |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Capitol Hill Club                                                               |                                                                                                                                   | <b>Transaction ID:</b> SB21B.4916<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 2 |  | 2 | 0 | 0 | 7 |
| M                                                                                                                                    | M                                                                                                                                 | /                                                                                                                                                                                                                                                                                                                             | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 6                                                                                                                                 |                                                                                                                                                                                                                                                                                                                               | 1      | 2 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 300 First Street, SE                                                                                                 |                                                                                                                                   | <b>Amount of Each Disbursement this Period</b><br><table border="1"> <tr> <td>882.40</td> </tr> </table>                                                                                                                                                                                                                      | 882.40 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 882.40                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20003                                                                                              |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>catering/fundraising lunch                                                                                |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                                                                                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

1864.70

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

6364.70

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Campaign for Maryland

Full Name (Last, First, Middle Initial)

**A. Cecil County Republican Central Committee**

Mailing Address PO Box 442

City Elkton State MD Zip Code 21922

Purpose of Disbursement  
donation/tickets to fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB23.4898**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Citizens to Elect Steve Schuh**

Mailing Address 312 Sarahrose Court

City Severna Park State MD Zip Code 21146

Purpose of Disbursement  
contribution/fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB23.4917**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Friends of Reilly & Hanley**

Mailing Address 2051 Whiteford Road

City Whiteford State MD Zip Code 21160

Purpose of Disbursement  
fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB23.4907**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.00

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

330.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Campaign for Maryland

Full Name (Last, First, Middle Initial)

**A. Republican Central Committee of Harford County**

Mailing Address 25 W. Courtland Street

City State Zip Code  
 Bel Air MD 21014

Purpose of Disbursement  
 donation/ticket purchases

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB23.4896**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Wicomico County Republican Central Committee**

Mailing Address PO Box 252

City State Zip Code  
 Salisbury MD 21803

Purpose of Disbursement  
 tickets/fundraising dinner

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB23.4900**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**C. Wicomico County Republican Central Committee**

Mailing Address PO Box 252

City State Zip Code  
 Salisbury MD 21803

Purpose of Disbursement  
 Fundraising Dinner Sponsorship

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB23.4904**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

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

1010.00

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

1340.00