

# 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  
**Garagiola For Congress**

ADDRESS (number and street) PO Box 833  
 Check if different than previously reported. (ACC) Frederick MD 21705

2. **FEC IDENTIFICATION NUMBER** C00503920 CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) MD 06

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  
07 / 01 / 2012 through 09 / 30 / 2012

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 Sue Hecht

Signature of Treasurer Sue Hecht *[Electronically Filed]* Date M M / D D / Y Y Y Y  
10 / 15 / 2012

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Garagiola 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))....	3000.00	782538.40
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	55550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3000.00	726988.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4315.69	729971.57
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	9630.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4315.69	720340.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2959.08	
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).....	55524.68	

**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

**Garagiola 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).....	450.00	471714.56
(ii) Unitemized.....	50.00	44062.72
(iii) TOTAL of contributions from individuals ▶	500.00	515777.28
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	266761.12
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3000.00	782538.40
<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	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	9630.74
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	3000.00	792169.14

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4315.69	729971.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	43550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	12000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	55550.00
21. OTHER DISBURSEMENTS .....	0.00	3750.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4315.69	789271.57

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4274.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3000.00
25. SUBTOTAL (add Line 23 and Line 24).....	7274.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4315.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2959.08

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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)  
**Garagiola For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Demattos Jr.**

Mailing Address 18 Chasemount Ct.

City	State	Zip Code
Baltimore	MD	21209

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

Name of Employer Information Requested	Occupation Information Requested
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>

Date of Receipt  
MM / DD / YYYY  
**07 / 11 / 2012**

**Transaction ID : C2842229**

Amount of Each Receipt this Period  
**250.00**

2012 Primary Debt

**B.** Full Name (Last, First, Middle Initial)  
**Stephen J. Rockower MD**

Mailing Address 6302 Landon Lane

City	State	Zip Code
Bethesda	MD	20817

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

Name of Employer Capitol Orthopaedics	Occupation Orthopaedic Surgeon
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>400.00</b>

Date of Receipt  
MM / DD / YYYY  
**07 / 11 / 2012**

**Transaction ID : C2842230**

Amount of Each Receipt this Period  
**100.00**

2012 Primary Debt

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

Mailing Address 8668 Locust Grove Drive

City	State	Zip Code
Port Tobacco	MD	20677

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

Name of Employer none	Occupation none
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>700.00</b>

Date of Receipt  
MM / DD / YYYY  
**07 / 11 / 2012**

**Transaction ID : C2842232**

Amount of Each Receipt this Period  
**100.00**

2012 Primary Debt

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

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

**450.00**

**450.00**

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

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

NAME OF COMMITTEE (In Full)  
**Garagiola For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GHC Ancillary Corporation Political Action Committee**

Mailing Address 101 E State St

City State Zip Code  
Kennett Square PA 19348-3109

FEC ID number of contributing federal political committee. **C** C00292094

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : C2842233**

Amount of Each Receipt this Period  
500.00

2012 Primary Debt

**B.** Full Name (Last, First, Middle Initial)  
**GLAXOSMITHKLINE LLC PAC (GSK PAC)**

Mailing Address 5 Moore Dr  
PO BOX 13358

City State Zip Code  
Durham NC 27709-0143

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

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  
 08 / 10 / 2012

**Transaction ID : C2842234**

Amount of Each Receipt this Period  
2000.00

2012 Primary Debt

**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).....

2500.00

2500.00

**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 7 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Garagiola For Congress**

Full Name (Last, First, Middle Initial)

**A. Advance**

Mailing Address 10755 York Rd

City Cockeysville State MD Zip Code 21030-2114

Purpose of Disbursement Copier Rental

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2012

Amount of Each Disbursement this Period: 2383.34

Transaction ID : D179255

Full Name (Last, First, Middle Initial)

**B. Engineering Society Of Baltimore**

Mailing Address 11 W Mount Vernon Pl

City Baltimore State MD Zip Code 21201-5103

Purpose of Disbursement Event Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 24 / 2012

Amount of Each Disbursement this Period: 915.84

Transaction ID : D179258

Full Name (Last, First, Middle Initial)

**C. First Data**

Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2012

Amount of Each Disbursement this Period: 7.33

Transaction ID : D179249

**SUBTOTAL** of Disbursements This Page (optional) ..... 3306.51

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Garagiola For Congress**

**A. First Data**

Full Name (Last, First, Middle Initial)  
Mailing Address 5565 Glenridge Connector NE  
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 03 / 2012

Amount of Each Disbursement this Period  
5.10

Transaction ID : D179250

**B. Google**

Full Name (Last, First, Middle Initial)  
Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Advertisements

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 03 / 2012

Amount of Each Disbursement this Period  
125.00

Transaction ID : D179246

**c. Google**

Full Name (Last, First, Middle Initial)  
Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Advertisements

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 03 / 2012

Amount of Each Disbursement this Period  
125.00

Transaction ID : D179247

**SUBTOTAL** of Disbursements This Page (optional)..... 255.10

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Garagiola For Congress**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 125.00
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Advertisements	Candidate Name	<b>Transaction ID : D179248</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. M&amp;T Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2012
Mailing Address 21006 Frederick Road		Amount of Each Disbursement this Period 20.00
City Germantown	State MD Zip Code 20876-4132	
Purpose of Disbursement Bank Fee	Candidate Name	<b>Transaction ID : D179254</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 911 Panorama Trail S		Amount of Each Disbursement this Period 44.00
City Rochester	State NY Zip Code 14625-0397	
Purpose of Disbursement Payroll Invoice	Candidate Name	<b>Transaction ID : D179251</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	189.00
<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 10 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Garagiola For Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 911 Panorama Trail S		Amount of Each Disbursement this Period 55.00 <b>Transaction ID : D179252</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll Invoice	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 911 Panorama Trail S		Amount of Each Disbursement this Period 69.00 <b>Transaction ID : D179253</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll Invoice	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert J. Garagiola</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 13421 Winterspoon Ln		Amount of Each Disbursement this Period 1339.57 <b>Transaction ID : D179256</b>
City Germantown State MD Zip Code 20874-1038	Purpose of Disbursement Reimbursement	
Candidate Name <b>Rob Garagiola</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1463.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**Garagiola For Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert J. Garagiola</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 13421 Winterspoon Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D179257</b>
City Germantown	State MD	
Purpose of Disbursement Reimbursement		Category/ Type
Candidate Name <b>Rob Garagiola</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 140 West St		Amount of Each Disbursement this Period -1400.00 <b>Transaction ID : D179261</b>
City New York	State NY	
Purpose of Disbursement Voided Check from 1/24/2012		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Annapolis Hyundai</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 935 West St		Amount of Each Disbursement this Period 938.64 <b>Transaction ID : D179259</b> <b>[MEMO ITEM]</b>
City Annapolis	State MD	
Purpose of Disbursement Car Repairs		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-900.00
<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 12 OF 13		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

NAME OF COMMITTEE (In Full)  
**Garagiola For Congress**

Full Name (Last, First, Middle Initial) <b>A. Fairfield Inn &amp; Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 21 N Wineow St		Amount of Each Disbursement this Period 256.02
City Cumberland	State MD	
Zip Code 21502-3547	Purpose of Disbursement Hotel	Transaction ID : D179260
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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: <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.</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: <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).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	4314.18

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

NAME OF COMMITTEE (In Full)  
**Garagiola For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advance</b>	Nature of Debt (Purpose): Copier Rental
Mailing Address 10755 York Rd	
City State Zip Code Cockeysville MD 21030-2114	

Outstanding Balance Beginning This Period 2383.34	<b>Transaction ID : D172318</b>	
Amount Incurred This Period 0.00	Payment This Period 2383.34	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Robert J. Garagiola</b>	Nature of Debt (Purpose): Reimbursement
Mailing Address 13421 Winterspoon Ln	
City State Zip Code Germantown MD 20874-1038	

Outstanding Balance Beginning This Period 1339.57	<b>Transaction ID : D172320</b>	
Amount Incurred This Period 0.00	Payment This Period 1339.57	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Strategy Group</b>	Nature of Debt (Purpose): Direct Mail
Mailing Address 1606 20th St NW FI 3	
City State Zip Code Washington DC 20009-1080	

Outstanding Balance Beginning This Period 55524.68	<b>Transaction ID : D172321</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 55524.68

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	55524.68
2) <b>TOTALS</b> This Period (last page this line number only) .....	55524.68
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	55524.68