FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2010 APR 20 AM 8:24

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

EMPOWERING EACH COMMUNITY PAC

ADDRESS (number and street) ▼ 5530 WISCONSIN AVENUE
Suite 1209

☐ Check if different than previously reported. (ACC)

CITY ▲ Chevy Chase — STATE ▲ Md — ZIP CODE ▲ 20815-

2. FEC IDENTIFICATION NUMBER ▼ C00426122

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 Year-End 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 (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2010 through 03 / 31 / 2010

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 Thomas A. Gentile

Signature of Treasurer Thom A. Gentile — Date 04 / 17 / 2010

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. 12/2004

FE6AN026

10030047748

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

EMPOWERING EACH COMMUNITY PAC

Report Covering the Period: From: 01 / 01 / 2010 To: 03 / 31 / 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010		912648
(b) Cash on Hand at Beginning of Reporting Period	912648	
(c) Total Receipts (from Line 19)	10750.00	10750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19876.48	19876.48
7. Total Disbursements (from Line 31)	10824.39	10824.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9052.09	9052.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

10030304749

☐ 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

EMPOWERING EACH Community PAC

Report Covering the Period: From: 01 / 01 / 2010 To: 03 / 31 / 2010

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4750.00	4750.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶		
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	6000.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	10750.00	10750.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	10750.00	10750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	10750.00	10750.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.0	00
(ii) Non-Federal Share	00	00
(b) Other Federal Operating Expenditures	06	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	00	00
22. Transfers to Affiliated/Other Party Committees	135000	135000
23. Contributions to Federal Candidates/Committees and Other Political Committees	200000	200000
24. Independent Expenditures (use Schedule E)	00	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	00	0
26. Loan Repayments Made	00	0
27. Loans Made	00	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	0
(b) Political Party Committees	06	0
(c) Other Political Committees (such as PACs)	00	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	00	00
29. Other Disbursements	74743.9	74743.9
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	108243.9	108243.9
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	108243.9	108243.9

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1075000	1075000
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1075000	1075000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0	0

10030304752

FE6AN026

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF

☐ 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): EMPOWERING EACH COMMUNITY PAC

A.

Full Name (Last, First, Middle Initial): MEBA - PAF

Mailing Address: 444 N. CAPITOL ST. NW #800

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C 00279380

Name of Employer: N/A Occupation: N/A

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

Aggregate Year-to-Date ▼: 100000

Date of Receipt: 01 / 22 / 2010

Amount of Each Receipt this Period: 100000

B.

Full Name (Last, First, Middle Initial): I.B.E.W. - C.O.P.E.

Mailing Address: 900 SEVENTEENTH ST. N.W.

City: WASHINGTON State: D.C. Zip Code: 20001

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: N/A

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

Aggregate Year-to-Date ▼: 500000

Date of Receipt: 01 / 25 / 2010

Amount of Each Receipt this Period: 500000

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) ▼

Aggregate Year-to-Date ▼:

Date of Receipt: / /

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶

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

10030304752

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF

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NAME OF COMMITTEE (In Full): EMPOWERING EACH COMMUNITY PAC

A.
Full Name (Last, First, Middle Initial): CURTIS, F. DINA
Mailing Address: 3685 Upton Street, N.W.
City: WASHINGTON State: D.C. Zip Code: 20008
FEC ID number of contributing federal political committee: C
Name of Employer: CURTIS CONCEPTS
Occupation: PARTNER
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01/25/2010
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): WALKER, TRACEY
Mailing Address: 4401 CONNECTICUT AVE, N.W. #351
City: WASHINGTON State: D.C. Zip Code: 20008
FEC ID number of contributing federal political committee: C
Name of Employer: UNKNOWN
Occupation: UNKNOWN
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 01/26/2010
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): SCOTT, ELSIE L.
Mailing Address: 56 S STREET, N.W.
City: WASHINGTON State: D.C. Zip Code: 20001
FEC ID number of contributing federal political committee: C
Name of Employer: CONGRESSIONAL BLACK CAUCUS FOUNDATION
Occupation: CEO
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 150.00
Date of Receipt: 01/26/2010
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF

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

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NAME OF COMMITTEE (In Full)
EMPOWERING EACH COMMUNITY PAC

A.
Full Name (Last, First, Middle Initial): MALONEY, ROBERT H.
Mailing Address: 2948 BRANDYWINE ST. N.W.
City: WASHINGTON State: D.C. Zip Code: 20008
FEC ID number of contributing federal political committee: C
Name of Employer: MALONEY GOVERNMENT REL. Occupation: PRINCIPAL
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01/26/2010
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): RENO, VIRGINIA P
Mailing Address: 233 - 9th Street, S.E.
City: WASHINGTON, D.C. State: Zip Code: 20003
FEC ID number of contributing federal political committee: C
Name of Employer: NASI Occupation: V. PRES income sec.
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01/17/2010
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): BECTON, JULIUS W.
Mailing Address: 9100 BELVOIR WOODS PKWY. #209
City: FORT BELVOIR State: VA. Zip Code: 22060
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED Occupation: RETIRED MILITARY
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01/26/2010
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,000.00

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

10030347455

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

PAGE OF

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NAME OF COMMITTEE (In Full): EMPOWERING EACH COMMUNITY PAC

A.
Full Name (Last, First, Middle Initial): WHITAKER, ROSA M.
Mailing Address: 7824 LAUREL LEAF DRIVE
City: Potomac State: Md. Zip Code: 20854
FEC ID number of contributing federal political committee: C
Name of Employer: Whitaker Group
Occupation: consultant
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 50000
Date of Receipt: 01 / 25 / 2010
Amount of Each Receipt this Period: 50000

B.
Full Name (Last, First, Middle Initial): ALLEN, DAVID B.
Mailing Address: 5244 W. RUNNING BROOK DRIVE
City: Columbia State: Md Zip Code: 21044
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 25000
Date of Receipt: 01 / 26 / 2010
Amount of Each Receipt this Period: 25000

C.
Full Name (Last, First, Middle Initial): ROBINSON, DEBORAH V.
Mailing Address: 5019 16th Street, N.W.
City: WASHINGTON State: D.C. Zip Code: 20011
FEC ID number of contributing federal political committee: C
Name of Employer: MAMSI
Occupation: SR. DIRECTOR
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 25000
Date of Receipt: 01 / 26 / 2010
Amount of Each Receipt this Period: 25000

SUBTOTAL of Receipts This Page (optional) ▶ 100000

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

10030475

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF
☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
EMPOWERING EACH COMMUNITY, PAC

A.
Full Name (Last, First, Middle Initial): LARSON, PAMELA J.
Mailing Address: 220 GRANT AVENUE
City: TAKOMA PARK State: MD. Zip Code: 20912
FEC ID number of contributing federal political committee: C
Name of Employer: UNKNOWN
Occupation: UNKNOWN
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01/26/2010
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): THORNTON, SHARMON L.
Mailing Address: 1111 ARMY NAVY DRIVE #717
City: ARLINGTON State: VA. Zip Code: 22202
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01/26/2010
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): WISE, ROBERT E.
Mailing Address: 5622 NEBRASKA AVE, N.W.
City: WASHINGTON, D.C. State: Zip Code: 20015
FEC ID number of contributing federal political committee: C
Name of Employer: ALLIANCE FOR EXCELLENT EDUCATION
Occupation: PRESIDENT
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 01/26/2010
Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,500.00

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

10030045 7

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF

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

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NAME OF COMMITTEE (In Full): EMPOWERING EACH COMMUNITY PAC

A.
Full Name (Last, First, Middle Initial): BROWN, STEFANIE L.
Mailing Address: 8213 NORTHLAKE COURT
City: LAUREL State: Md. Zip Code: 20707
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 10000
Date of Receipt: 01 / 29 / 2010
Amount of Each Receipt this Period: 10000

B.
Full Name (Last, First, Middle Initial): COLVIN, CAROLYN
Mailing Address: 8603 WINTERGREEN COURT
City: ODENTON State: Md. Zip Code: 21113
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 25000
Date of Receipt: 01 / 26 / 2010
Amount of Each Receipt this Period: 25000

C.
Full Name (Last, First, Middle Initial): RAHMAN, GARY
Mailing Address: 228 T STREET, N.E.
City: WASHINGTON State: D.C. Zip Code: 20002
FEC ID number of contributing federal political committee: C
Name of Employer: QUANTUM LEAP INVESTMENTS
Occupation: CONSULTANT
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 25000
Date of Receipt: 01 / 26 / 2010
Amount of Each Receipt this Period: 25000

SUBTOTAL of Receipts This Page (optional) ▶ 60000

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

10030304758

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF
☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
EMPOWERING EACH COMMUNITY PAC

A.
Full Name (Last, First, Middle Initial): ESTES, CARROLL L
Mailing Address: 1427 Leslie Road
City: HEALDSBURG, State: CA, Zip Code: 95448
FEC ID number of contributing federal political committee: C
Name of Employer: UNIV. CALIF, Occupation: PROFESSOR
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 25000
Date of Receipt: 03 / 30 / 2010
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date:
Date of Receipt: MM / DD / YYYY
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date:
Date of Receipt: MM / DD / YYYY
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 25000

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

10030047 59

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

PAGE 1 OF

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NAME OF COMMITTEE (In Full): EMPOWERING EACH COMMUNITY PAC

A.
Full Name (Last, First, Middle Initial): FRIENDS OF NATHANIEL OAKS
Mailing Address: 3443 EDMONSON AVENUE
City: BALTIMORE State: Md. Zip Code: 21229
Purpose of Disbursement: Contribution
Candidate Name: NATHANIEL OAKS
Office Sought: ☑ House (State) ☐ Senate ☐ President
State: Md District: 41
Disbursement For: ☐ Primary ☑ General ☐ Other (specify)
Category/Type: 022
Date of Disbursement: 01 / 14 / 2010
Amount of Each Disbursement this Period: 350.00

B.
Full Name (Last, First, Middle Initial): HILLIARD FOR CONGRESS
Mailing Address: P.O. BOX 12804
City: BIRMINGHAM State: AL Zip Code: 35202
Purpose of Disbursement: Contribution
Candidate Name: EARL HILLIARD, JR.
Office Sought: ☑ House ☐ Senate ☐ President
State: Ala. District: 7th
Disbursement For: ☐ Primary ☑ General ☐ Other (specify)
Category/Type: 023
Date of Disbursement: 01 / 04 / 2010
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): HILLIARD FOR CONGRESS
Mailing Address: P.O. BOX 12804
City: BIRMINGHAM State: AL Zip Code: 35202
Purpose of Disbursement: Contribution
Candidate Name: EARL HILLIARD, JR.
Office Sought: ☑ House ☐ Senate ☐ President
State: Ala District: 7th
Disbursement For: ☐ Primary ☑ General ☐ Other (specify)
Category/Type: 023
Date of Disbursement: 02 / 07 / 2010
Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2,350.00

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

10030304760

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

PAGE OF

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NAME OF COMMITTEE (In Full): EMPOWERING EACH COMMUNITY PAC

A.
Full Name (Last, First, Middle Initial): HOWARD COUNTY DEMOCRATIC CENTRAL COMM
Mailing Address: P.O. BOX 1363
City: COLUMBIA State: MD. Zip Code: 21044
Purpose of Disbursement: CONTRIBUTION FUNDRAISER
Candidate Name:
Category/Type: 022
Office Sought: ✓ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ✓ General ☐ Other (specify)
Date of Disbursement: 03 / 07 / 2010
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): B. SMITH'S
Mailing Address: 50 MASSACHUSETTS AVE. NE
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement: EXPENSES OF FUNDRAISER
Candidate Name: ELIJAH CUMMINGS
Category/Type: 029
Office Sought: ✓ House ☐ Senate ☐ President
State: MD. District:
Disbursement For: ☐ Primary ✓ General ☐ Other (specify)
Date of Disbursement: 01 / 27 / 2010
Amount of Each Disbursement this Period: 2328.04

C.
Full Name (Last, First, Middle Initial): B. SMITH'S
Mailing Address: 50 MASSACHUSETTS AVE. N.E.
City: WASHINGTON State: D.C. Zip Code: 20002
Purpose of Disbursement: EXPENSES OF FUNDRAISER
Candidate Name: ELIJAH CUMMINGS
Category/Type: 029
Office Sought: ✓ House ☐ Senate ☐ President
State: MD. District:
Disbursement For: ☐ Primary ✓ General ☐ Other (specify)
Date of Disbursement: 01 / 15 / 2010
Amount of Each Disbursement this Period: 900.00

SUBTOTAL of Disbursements This Page (optional) ▶

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

10030047961

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

PAGE OF

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)
EMPOWERING EACH COMMUNITY P.A.C.

A.
Full Name (Last, First, Middle Initial): Mellinger GROUP, LLC
Mailing Address: 1509 Light Street
City: BALTIMORE State: Md. Zip Code: 21230
Purpose of Disbursement: FUND RAISING CONSULTANT
Category/Type: 029
Candidate Name: Elijah Cummings
Office Sought: ☑ House ☐ Senate ☐ President
State: Md District:
Disbursement For: ☐ Primary ☑ General ☐ Other (specify)
Date of Disbursement: 01 / 27 / 2010
Amount of Each Disbursement this Period: 4000.00

B.
Full Name (Last, First, Middle Initial): AFRICAN AMERICAN NEWSPAPERS
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: Advertisement
Category/Type: 029
Candidate Name: Elijah Cummings
Office Sought: ☑ House ☐ Senate ☐ President
State: Md District:
Disbursement For: ☐ Primary ☑ General ☐ Other (specify)
Date of Disbursement: 01 / 26 / 2010
Amount of Each Disbursement this Period: 75.00

C.
Full Name (Last, First, Middle Initial): FEDERAL EXPRESS
Mailing Address: 3610 HACK'S CROSS ROAD
City: MEMPHIS State: TN Zip Code: 38125
Purpose of Disbursement: Delivery
Category/Type: 029
Candidate Name: Elijah Cummings
Office Sought: ☑ House ☐ Senate ☐ President
State: Md. District:
Disbursement For: ☐ Primary ☑ General ☐ Other (specify)
Date of Disbursement: 02 / 03 / 2010
Amount of Each Disbursement this Period: 21.35

SUBTOTAL of Disbursements This Page (optional) ▶

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

10030470 2

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

PAGE OF

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NAME OF COMMITTEE (In Full)
EMPOWERING EACH COMMUNITY PAC

A.
Full Name (Last, First, Middle Initial)
ASSOCIATION OF AMERICAN RAILROADS
Mailing Address
425 Third Street, S.W. #100
City: WASHINGTON State: DC Zip Code: 20024
Purpose of Disbursement
EXPENSES OF FUNDRAISER
Candidate Name
Elijah Cummings
Category/Type: 029
Office Sought: ☑ House ☐ Senate ☐ President
State: Md District:
Disbursement For: ☐ Primary ☑ General ☐ Other (specify)
Date of Disbursement: 03 / 19 / 2010
Amount of Each Disbursement this Period: 150.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

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

Mailing Address

City State ZIP Code

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

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

TERMS

Date Incurred M M / D D / Y Y Y Y | Date Due M M / D D / Y Y Y Y | Interest Rate % (apr) | Secured: [ ] Yes [ ] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

10030304764

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for Information found on Page ____ of Schedule C

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER C

LENDING INSTITUTION (LENDER)
Full Name

Amount of Loan

Interest Rate (APR) %

Mailing Address

City State Zip Code

Date Incurred or Established MM / DD / YYYY

Date Due MM / DD / YYYY

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred MM / DD / YYYY

B. If line of credit,
Amount of this Draw:
Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: MM / DD / YYYY

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE MM / DD / YYYY

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title

DATE MM / DD / YYYY

10030047765

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

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)** ▶

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER ▼
C

Check if ☐ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle Initial) of Payee

Date M M / D D / Y Y Y Y

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

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

Full Name (Last, First, Middle Initial) of Payee

Date M M / D D / Y Y Y Y

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

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

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date M M / D D / Y Y Y Y

10030347167

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
JM D	4/20/10
PREPARER	DATE PREPARED

(3/2005)

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