

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 ▼

C 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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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								
-----------------	--	--	--	--	--	--	--	--

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).....	2897.57	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Garagiola for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(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
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	9630.74
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	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. TOTAL DISBURSEMENTS (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.....	4213.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3000.00
25. SUBTOTAL (add Line 23 and Line 24).....	7213.26
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).....	2897.57

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

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

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

NAME OF COMMITTEE (In Full)
Garagiola for Congress

Full Name (Last, First, Middle Initial) A. Stephen J. Rockower MD		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 11 / 2012	
Mailing Address 6302 Landon Lane		Transaction ID : C2842230	
City Bethesda	State MD	Zip Code 20817	Amount of Each Receipt this Period _____ 100.00
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 _____ 400.00		
		2012 Primary Debt	

Full Name (Last, First, Middle Initial) B. Joseph E. Tieger		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 11 / 2012	
Mailing Address 8668 Locust Grove Drive		Transaction ID : C2842232	
City Port Tobacco	State MD	Zip Code 20677	Amount of Each Receipt this Period _____ 100.00
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 _____ 700.00		
		2012 Primary Debt	

Full Name (Last, First, Middle Initial) C. Joseph Demattos Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 11 / 2012	
Mailing Address 18 Chasemount Ct.		Transaction ID : C2842229	
City Baltimore	State MD	Zip Code 21209	Amount of Each Receipt this Period _____ 250.00
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 _____ 250.00		
		2012 Primary Debt	

SUBTOTAL of Receipts This Page (optional).....	_____ 450.00
TOTAL This Period (last page this line number only).....	_____ 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

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: 07 / 03 / 2012
Amount of Each Disbursement this Period: 5.10
Transaction ID : D179250

B. Paychex

Full Name (Last, First, Middle Initial)
Mailing Address 911 Panorama Trail S
City Rochester State NY Zip Code 14625-0397
Purpose of Disbursement Payroll Invoice
Candidate Name
Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)
State: District:

Date of Disbursement: 07 / 10 / 2012
Amount of Each Disbursement this Period: 44.00
Transaction ID : D179251

C. Verizon

Full Name (Last, First, Middle Initial)
Mailing Address 140 West St
City New York State NY Zip Code 10007-2141
Purpose of Disbursement Voided Check from 1/24/2012
Candidate Name
Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)
State: District:

Date of Disbursement: 07 / 01 / 2012
Amount of Each Disbursement this Period: -1400.00
Transaction ID : D179261

SUBTOTAL of Disbursements This Page (optional) -1350.90

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 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

NAME OF COMMITTEE (In Full)
Garagiola for Congress

Full Name (Last, First, Middle Initial) A. Paychex		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
City Rochester	State NY Zip Code 14625-0397	
Purpose of Disbursement Payroll Invoice	Candidate Name	Transaction ID : D179252
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. Paychex		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
City Rochester	State NY Zip Code 14625-0397	
Purpose of Disbursement Payroll Invoice	Candidate Name	Transaction ID : D179253
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. M&T Bank		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	Transaction ID : D179254
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	144.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	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) A. Advance		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 10755 York Rd		Amount of Each Disbursement this Period 2383.34
City Cockeysville	State MD	
Zip Code 21030-2114	Purpose of Disbursement Copier Rental	Transaction ID : D179255
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. Robert J. Garagiola		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
City Germantown	State MD	
Zip Code 20874-1038	Purpose of Disbursement Reimbursement	Transaction ID : D179256
Candidate Name Rob Garagiola	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) c. Google		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 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	Transaction ID : D179246
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:		

SUBTOTAL of Disbursements This Page (optional).....	3847.91
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 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) A. Google		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 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	Transaction ID : D179247
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. Robert J. Garagiola		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
City Germantown	State MD Zip Code 20874-1038	
Purpose of Disbursement Reimbursement	Candidate Name Rob Garagiola	Transaction ID : D179257
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Google		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	Transaction ID : D179248
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	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) A. Engineering Society Of Baltimore		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address 11 W Mount Vernon Pl		Amount of Each Disbursement this Period 915.84 Transaction ID : D179258
City Baltimore	State MD Zip Code 21201-5103	
Purpose of Disbursement Event Catering	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. First Data		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 7.33 Transaction ID : D179249
City Atlanta	State GA Zip Code 30342-4799	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Fairfield Inn & Suites		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 Transaction ID : D179260 [MEMO ITEM]
City Cumberland	State MD Zip Code 21502-3547	
Purpose of Disbursement Hotel	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	923.17
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 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) A. Annapolis Hyundai		Date of Disbursement MM / DD / YYYY 07 / 05 / 2012
Mailing Address 935 West St		Amount of Each Disbursement this Period 938.64
City Annapolis	State MD	
Zip Code 21401-3603	Purpose of Disbursement Car Repairs	Transaction ID : D179259
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.		Date of Disbursement MM / DD / YYYY
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) C.		Date of Disbursement MM / DD / YYYY
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	4314.18

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

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Garagiola for Congress

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

Mailing Address 13421 Winterspoon Ln

City State Zip Code
Germantown MD 20874-1038

Nature of Debt (Purpose):
Reimbursement

Outstanding Balance Beginning This Period **Transaction ID : D172320**

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
Advance

Mailing Address 10755 York Rd

City State Zip Code
Cockeysville MD 21030-2114

Nature of Debt (Purpose):
Copier Rental

Outstanding Balance Beginning This Period **Transaction ID : D172318**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>