Image# 12952508900 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		III AII AUUIOIIZEC				Office Use Or	nly
NAME OF TOMMITTEE (in full)	YPE OR PRINT		mple: If typin r the lines.	g, type	12FE4N	M5	
FAMILY FAITH FUTUR	E						
ADDRESS (number and street)	201 E BALTIM	ORE STREET SUITE	600				
Check if different							
than previously reported. (ACC)	BALTIMORE				MD	21202	
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		5	STATE 🛦	ZIP	CODE A
C C00511188		3. IS THIS REPORT	N (N	EW N) OR	\ \ \ \	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		lay 20 (M5)	-	ug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3) Apr 20 (M4)		un 20 (M6) ul 20 (M7)	H	ep 20 (M9) Oct 20 (M10)	Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1) (c) 12-D		Primary (12P)		. —	ral (12G)	Runoff (12R)
July 15 Quarterly Report (Q2	PRE	-Election ort for the:	Convention (1		1	al (12S)	Tidiloli (1211)
October 15 Quarterly Report (Q3							
January 31 Year-End Report (YE	E)	Election on	M = M /	D D /	Y Y Y		the ate of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POS	T-Election ort for the:	General (30G)	Runof	f (30R)	Special (30S)
Termination Report (TER)	Перс	Election on	M = M /	D D /	Y	in t	the ate of
5. Covering Period 01	/ 31 /	2012	through	M M 03	/ D D D 31	/ Y Y Y Y 2012	Y
I certify that I have examined this	Report and to	the best of my kno	wledge and b	elief it is tru	e, correct	and complete.	
Type or Print Name of Treasurer	Mr. james edw	ard whitehead Jr.					
Signature of Treasurer Mr. jan	nes edward whiteh	ead Jr.	[Electronically	Filed] D	ate 07	7 / D D D 18	2012
NOTE: Submission of false, erroned	ous, or incomple	te information may su	ıbject the pers	on signing th	is Report to	o the penalties o	f 2 U.S.C. §437g.
Office Use Only						I	ORM 3X 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **FAMILY FAITH FUTURE** 01 2012 03 2012 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2012 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 7500.00 7500.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 7500.00 7500.00 6(a) and 6(c) for Column B)..... 2500.00 2500.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 5000.00 5000.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 500.00 Schedule C and/or Schedule D) 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

F	Αl	١/	Ш	V	F	١١ ا	ГΗ	F	1 17	ГΠ	R	F
Г,	H	VI	IIL	_ T	Γ	٩ı	ΙП	г	U	ı U	\boldsymbol{L}	

I. Receipts tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		7000.00
Than Political Committees (i) Itemized (use Schedule A)		7000.00
(i) Itemized (use Schedule A)(ii) Unitemized		7000.00
(ii) Unitemized		7000.00
. /	0.00	
. /		0.00
	0.00	0.00
Lines 11(a)(i) and (ii)	7000.00	7000.00
Lines IT(a)(i) and (ii)	, , , , , ,	4
Political Party Committees	0.00	0.00
Other Political Committees		
(such as PACs)	0.00	0.00
Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	7000.00	7000.00
	7000.00	7000.00
	0.00	0.00
/ Committees	0.00	0.00
oans Received	500.00	500.00
n Panaymenta Passiyad	0.00	0.00
	7	0.00
·	0.00	0.00
inds of Contributions Made		7
ederal Candidates and Other		
ical Committees	0.00	0.00
er Federal Receipts		
dends, Interest, etc.)	0.00	0.00
	0.00	
(Irom Schedule H3)	0.00	0.00
	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	(such as PACs)	Other Political Committees (such as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: —	Total Tills I criod	Calefidal Teal-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	2500.00	2500.00		
Independent Expenditures	000			
(use Schedule E)	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use Schedule F)	3.00	0.00		
Loan Repayments Made	0.00	0.00		
Loan Hopaymonio Mado				
Loans Made	0.00	0.00		
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	0.00	0.00		
(such as PACs)	0.00	7 7		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
_	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) I ederal onale				
(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		
Tatal Bishows and Add Live 2011 20				
Total Disbursements (add Lines 21(c), 22,	0500.00	000000		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	2500.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	2500.00	2500.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7000.00	7000.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7000.00	7000.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

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

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

FO	R LINE	NU	IMBER	:	PAGE	6	OF	10
(ch	eck only	or or	ne)					
E	11a		11b		11c	12	2	
	13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) FAMILY FAITH FUTURE		
Full Name (Last, First, Middle Initial) Mr. joseph p adamson III Mailing Address 5009 english creek avenue		Date of Receipt
City egg harbor township	State Zip Code NJ 08234	02 19 2012 Transaction ID : SA11AI.4102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer j adamson & assoc.	Occupation entrepreneur	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) capital communications inc Mailing Address 15045 fogg street		Date of Receipt 03 29 2012
City plymouth FEC ID number of contributing	State Zip Code MI 48170-6045	Transaction ID : SA11AI.4104 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	2500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Mr. michael g cohan		Date of Receipt
Mailing Address 203 Frankford Avenue City	State Zip Code	02 19 2012 Transaction ID - SAMAL 4100
Linwood	State Zip Code NJ 08221	Transaction ID : SA11AI.4100 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer new vistas Receipt For: Primary General Other (specify) ▼	Occupation entrepreneur Aggregate Year-to-Date ▼ 1000.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	4500.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF 10 Use separate schedule(s) for each category of the Detailed Summary Page

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(che	ck only	or	ne)					
X	11a		11b	11c		12	2	
	13		14	15		16	3	17

or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) FAMILY FAITH FUTURE		
Full Name (Last, First, Middle Initial) Mr. craig dunn Mailing Address 21 s parrish drive City amherst FEC ID number of contributing federal political committee.	State Zip Code NY 14228	Date of Receipt 03 27 2012 Transaction ID : SA11Al.4107 Amount of Each Receipt this Period 2500.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation entrepreneur Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) 3. Mailing Address	Ctoto 7:- 0-1	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	State Zip Code C Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer	Occupation	sart of Lacri Necelpt tills Pellod
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	2500.00
	ber only)	7000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the 11b 12 11a 11c Detailed Summary Page

10

X 13 14 15 16 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) FAMILY FAITH FUTURE Full Name (Last, First, Middle Initial) Mr. james edward whitehead Jr. Date of Receipt Mailing Address 201 e baltimore street suite 601 2012 03 28 City Zip Code State Transaction ID: SA13.4113 MD baltimore 21202 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Temprorary Personal Loan Name of Employer Occupation self entrepreneur Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page	SCHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 9 OF 10				
try information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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) FAMILY FAITH FUTURE Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE Mailing Address P.O. BOX 21993 City State Zip Code CATONSVILLE MD 21226 Purpose of Disbursement Candidate Name BENJAMIN L CARDIN Office Sought: House Disbursement Candidate Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Can	TEMIZED DISBURSEMENTS		(check only	check only one) 21b 22 X 23 24 25				
NAME OF COMMITTEE (in Full) FAMILY FAITH FUTURE Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE Mailing Address P.O. BOX 21993 City State Zip Code MD 21228 Purpose of Disbursement Cardidate Name BENJAMIN L CARDIN Office Sought: House Senate Primary General Other (specify) ▼ Date of Disbursement this Perio Category/ Type Date of Disbursement Cardidate Name Category/ Type Date of Disbursement Cardidate Name Office Sought: House Senate Primary General Other (specify) ▼ Date of Disbursement this Perio Category/ Type Date of Disbursement th			ed by any perso	on for the purpo	se of soliciting contributions			
Full Name (Last, First, Middle Initial) - BEN CARDIN FOR SENATE Mailing Address P.O. BOX 21093 City Cardonsville MD 21228 Transaction ID: SB23.4114 Amount of Each Disbursement this Perio Category/ Type Category/ Type Category/ Type Disbursement Candidate Name Category/ City State: MD District: 03 Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Candidate Name Category/ City State: Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/ Type Category/ Type Disbursement Candidate Name Category/ Category/ Type Disbursement Candidate Name Category/ Category/ Type District: District: Category/ Type Disbursement Category/ Type Disbursement Candidate Name Category/ Type District: Cate		e and address of any politic	al committee to	solicit contributi	ons from such committee.			
Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE Mailing Address P.O. BOX 21993 City State Zip Code CATONSVILLE MD 21228 Transaction ID : SB23.4114 Amount of Each Disbursement this Perio Category/ Type Senate President District: Date of Disbursement Candidate Name Category/ Type Date of Disbursement this Perio Category/ Type Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Date of	, ,							
Date of Disbursement Mailing Address P.O. BOX 21093 City State Zip Code CATONSVILLE MD 21228 Purpose of Disbursement Candidate Name BENJAMIN L CARDIN Office Sought: House President Disbursement Candidate Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category Type Date of Disbursement this Perio Catego	FAMILY FAITH FUTURE							
Mailing Address P.O. BOX 21093 City State Zip Code MD 21228 Purpose of Disbursement Candidate Name Cardidate Name Candidate Name Category/ Type Disbursement For: 2012 President State: Disbursement Candidate Name Category/ Type Category/ Type Date of Disbursement this Perio Category/ Type	_							
City State Zip Code Purpose of Disbursement Candidate Name BENJAMIN L CARDIN Office Sought: House President State: MD District: 03 Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President Category/ Type Disbursement For: 2012 Senate President Category/ Type Other (specify) ▼ Amount of Each Disbursement this Perio Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General President State: District: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Disbursement For: Gategory/ Type Date of Disbursement this Perio Category/ Type Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Date of Disbursement this Perio Category/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: President Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: President Disburs	A. BEN CARDIN FOR SENATE							
CATONSVILLE Purpose of Disbursement Candidate Name BENJAMIN L CARDIN Office Sought: House Senate President Primary General President President President Primary General Primary General President President Primary General Primar	Mailing Address P.O. BOX 21093							
Amount of Each Disbursement this Perio Category/ Type BENJAMIN L CARDIN Office Sought: House Benate President State: MD District: 03 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Perio Category/ Type Category/ Type Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Office Sought: House Senate President Other (specify) ▼ State Zip Code Purpose of Disbursement Candidate Name Other (specify) ▼ Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Office Sought: House Senate President State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type State: District: Amount of Each Disbursement this Perio Category/ Type State: District: Amount of Each Disbursement this Perio Category/ Type State: District: Amount of Each Disbursement this Perio Category/ Type State: District: Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type State: District: Amount of Each Disbursement this Perio Category/ Type Category/ Type Amount of Each Disbursement this Perio Category/ Type State: District: Amount of Each Disbursement this Perio				Transaction	ID - SP22 4114			
Candidate Name BENJAMIN L CARDIN Office Sought:	0,11011011===	MD 21228		Transaction	1 ID : 3D23.41 14			
State: District: Oserate Primary General Category/ Type Mailing Address Disbursement For: 2012 Category/ Type	Purpose of Disbursement		· · ·	Amount of Ea	ach Disbursement this Period			
Office Sought:	Candidate Name		Category/					
Sanate President District: State: MD District: 03 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement this Perior Category/ Type Office Sought: House President Primary General Other (specify) ▼ Date of Disbursement this Perior Category/ Type Office Sought: House Disbursement For: General Other (specify) ▼ Amount of Each Disbursement Category/ Type Office Sought: House President For: General Primary General Other (specify) ▼ State: Disbursement For: General Primary General					2500.00			
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: Disbursement For: Category/ Type Office Sought: House Disbursement For: General Primary General Other (specify) State: District: State: District: Dis	X Senate	Primary General						
Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Pri	State: MD District: 03							
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Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Category/ Type Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substraction Other (specify) ▼ Substraction Disbursement This Page (optional) Substraction Disbursement This Page (Mailing Address			M = M /	D D / Y Y Y Y Y			
Candidate Name Category/ Type	City	State Zip Code						
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Perion Office Sought: House Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional)	Purpose of Disbursement			Amount of Fa	ach Disbursement this Period			
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substitute Office Sought: President Other (specify) State: District: State: District: Substitute Office Sought: Primary General Other (specify) State: District: Stat	Candidate Name							
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Subtotal Amount of Each Disbursement this Perional Other (specify) ▼ Subtotal of Disbursement For: Senate Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional)	Office Sought: House Disbursem	nent For:	туре					
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Subtrotal of Disbursements This Page (optional)		•						
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)								
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Subtrotal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)			Date of Disbu	ursement			
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Subtrotal of Disbursements This Page (optional)								
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substruct: Property Substruct State: Disbursements This Page (optional)	walling Address			النا				
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substruct: 2500.00	City	State Zip Code						
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement							
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Candidate Name		Category/ Type	Amount of Ea	ach Disbursement this Period			
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General	71					
2500 00	State: District:							
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional)		·····		2500.00			
	TOTAL This Pariod (last page this line number only)				2500.00			

SCHEDULE C (FEC Form 3X)

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

PAGE 10 OF 10 FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) FAMILY FAITH FUTURE		
LOAN SOURCE Full Name (Last, First Mr. james edward whitehead Jr.	st, Middle Initial)	Election: Primary General
Mailing Address 201 e baltimore street suite 601		Other (specify) ▼
City baltimore	State MD ZIP C	ode ₂₁₂₀₂
Original Amount of Loan	Cumulative Payment T	o Date Balance Outstanding at Close of This Period
500.00		0.00 500.00
Date Incurred 03 / 28 / Y 2012	Date Due	e Interest Rate Secured: 5/15/12 0.00 % (apr) Yes X N
List All Endorsers or Guarantors (if a	- ·	
1. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial		Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (opti	ional)	500.00
OTALS This Period (last page in this lin		
arry outstanding balance only to LINE	3 Schedule D for this line I	f no Schedule D, carry forward to appropriate line of Summary