

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 15 JUL 22 PM 2:39 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Kefalas for Maryland, Inc.

ADDRESS (number and street) PO Box 5197 Baltimore MD 21224 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00579235 3. IS THIS REPORT NEW (N) OR AMENDED (A) MD

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 MM/DD/YYYY in the State of (c) 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 MM/04 / DD/01 / YYYY 2015 through MM/06 / DD/30 / YYYY 2015

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 Susan Carol Bell

Signature of Treasurer Susan Carol Bell Date MM/07 / DD/15 / YYYY 2015

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

201507220200229938

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Kefalas for Maryland, Inc.

Report Covering the Period: From:

M	M
04	

 /

D	D
01	

 /

Y	Y	Y	Y	Y
2015				

 To:

M	M
06	

 /

D	D
30	

 /

Y	Y	Y	Y	Y
2015				

	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)) ...	80569.51	80569.51
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	80569.51	80569.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	32375.58	32375.58
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.01	0.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	32375.57	32375.57
8. Cash on Hand at Close of Reporting Period (from Line 27)...	48193.94	
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

201507220200229939

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 44

Write or Type Committee Name

Kefalas for Maryland, Inc.

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

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)...

72661.51

72661.51

(ii) Unitemized.....

7908.00

7908.00

(iii) TOTAL of contributions from individuals

80569.51

80569.51

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs)...

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

80569.51

80569.51

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.) ..

0.01

0.01

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)...

80569.52

80569.52

20150720200229940

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	32375.58	32375.58
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	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	32375.58	32375.58

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	80569.52
25. SUBTOTAL (add Line 23 and Line 24)...	80569.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	32375.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	48193.94

20150720200229941

**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 44				
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 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)
Kefalas for Maryland, Inc.

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

Mailing Address **910 M ST. NW # 520**

City **WASHINGTON** State **DC** Zip Code **20001-6322**

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

Name of Employer **AMORE MARKETING + PR** Occupation **PUBLICIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
06 / 23 / 2015

Transaction ID : **SA11.102**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHARLES ANGELOS

Mailing Address **508 SURREY ROAD**

City **LUTHERVILLE** State **MD** Zip Code **21093-2834**

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

Name of Employer **SELF-EMPLOYED** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1800.00**

Date of Receipt
 MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SA11.9**

Amount of Each Receipt this Period
1800.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARIA ANGELOU

Mailing Address **900 OAKLEIGH BEACH ROAD**

City **DUNDALK** State **MD** Zip Code **21222-5011**

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

Name of Employer **ANGELOU DENTAL** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
06 / 25 / 2015

Transaction ID : **SA11.142**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

2300.00

201507220200229942

**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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **9 TIMBERPARK COURT**

City LUTHERVILLE	State MD	Zip Code 21093-1111
----------------------------	--------------------	-------------------------------

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

Name of Employer PAUL M. APOSTOLO, M.D.	Occupation ORTHOPAEDIC SURGEON
---	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SA11.10**

Amount of Each Receipt this Period
1800.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL L. ASHNER

Mailing Address **2 BRIDLE COURT**

City OYSTER BAY	State NY	Zip Code 11771-3308
---------------------------	--------------------	-------------------------------

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

Name of Employer WINTHROP REALTY TRUST	Occupation CHAIRMAN & CEO
--	---

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 MM / DD / YYYY
04 / 13 / 2015

Transaction ID : **SA11.4**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUSAN ASHNER

Mailing Address **101 COVE NECK ROAD**

City OYSTER BAY	State NY	Zip Code 11771-1822
---------------------------	--------------------	-------------------------------

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

Name of Employer N/A	Occupation N/A
--------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 MM / DD / YYYY
06 / 22 / 2015

Transaction ID : **SA11.130**

Amount of Each Receipt this Period
2400.00
 CONTRIBUTION

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

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

6900.00

20150720200229943

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **2125 14TH ST. NW**

City **WASHINGTON** State **DC** Zip Code **20009-4464**

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

Name of Employer **STUDENT** Occupation **STUDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.166**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFREY BANK

Mailing Address **650 WEST END AVE**

City **NEW YORK** State **NY** Zip Code **10025-7355**

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

Name of Employer **ALICART GROUP LLC** Occupation **RESTAURATEUR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 MM / DD / YYYY
06 / 24 / 2015

Transaction ID : **SA11.108**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATHAN BEGLEY

Mailing Address **8445 CARMELA CIR**

City **SPRINGFIELD** State **VA** Zip Code **22153-4016**

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

Name of Employer **UNITED STATES NAVY** Occupation **OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 MM / DD / YYYY
06 / 28 / 2015

Transaction ID : **SA11.121**

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

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

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

4700.00

201507220200229944

**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 8 OF 44	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15		

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **6 SNOWS COURT**

City **WASHINGTON** State **DC** Zip Code **20037-2213**

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

Name of Employer **ENVIRONMENTAL DEFENSE FUND** Occupation **PROJECT MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
06 / 02 / 2015

Transaction ID : **SA11.64**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PHILIP E. BESHARA

Mailing Address **77 H ST NW #411**

City **WASHINGTON** State **DC** Zip Code **20001-2365**

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

Name of Employer **DICKSTEIN SHAPIRO LLP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.158**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID BLACK

Mailing Address **920 I STREET NW #612**

City **WASHINGTON** State **DC** Zip Code **20001-4966**

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

Name of Employer **UNION PACIFIC CORPORATION** Occupation **DIRECTOR-WASHINGTON AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
05 / 06 / 2015

Transaction ID : **SA11.15**

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

800.00

201507220200229945

**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 9 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **920 I STREET NW**
#612

City **WASHINGTON** State **DC** Zip Code **20001-4966**

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

Name of Employer **UNION PACIFIC CORPORATION** Occupation **DIRECTOR-WASHINGTON AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
05 / 14 / 2015

Transaction ID : SA11.18

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RALPH S. BLACKMAN

Mailing Address **105 N. OAKLAND STREET**

City **ARLINGTON** State **VA** Zip Code **22203-3510**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11.206

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD BLOCK

Mailing Address **201 W PADONIA RD**
SUITE 600

City **TIMONIUM** State **MD** Zip Code **21093-2115**

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

Name of Employer **WABC** Occupation **CPA**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
06 / 16 / 2015

Transaction ID : SA11.33

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

700.00

201507220200229946

**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)

11a 11b 11c 11d
 12 13a 13b 14 15

PAGE 10 OF 44

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **925 H ST NW**

City **WASHINGTON** State **DC** Zip Code **20001-4974**

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

Name of Employer **NA** Occupation **NA**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **249.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : **SA11.178**

Amount of Each Receipt this Period **249.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LEE CAROSI

Mailing Address **519 S. LEE STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314-3817**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **06 / 22 / 2015**

Transaction ID : **SA11.129**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN A. CATSIMATIDIS

Mailing Address **817 FIFTH AVENUE**

City **NEW YORK** State **NY** Zip Code **10065-7254**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : **SA11.202**

Amount of Each Receipt this Period **2500.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **2999.00**

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

20150720200229947

**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 12 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **12510 MANDERLEY WAY**

City **HERNDON** State **VA** Zip Code **20171-1828**

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

Name of Employer **JILL COLLINS PUBLIC RELATIONS GROUP, I** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1025.00**

Date of Receipt
 MM / DD / YYYY
06 / 15 / 2015

Transaction ID : **SA11.235**

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JULIE CONWAY

Mailing Address **3106 RUSSELL ROAD**

City **ALEXANDRIA** State **VA** Zip Code **22305-1720**

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

Name of Employer **SHAMROCK ADVISORS LLC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.168**

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFREY K. COOK-MCCORMAC

Mailing Address **316 W 79TH STREET
APT. 4E**

City **NEW YORK** State **NY** Zip Code **10024-6127**

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

Name of Employer **THIRD POINT LLC** Occupation **HEAD OF PUBLIC AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
06 / 22 / 2015

Transaction ID : **SA11.133**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

775.00

20150720200229949

**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 13 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **1367 W 620 N**

City **PRICE** State **UT** Zip Code **84501-4630**

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

Name of Employer **PERSONAL CARE EMERGENCY PHYSICIANS** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.195**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER T. T. CUSHING

Mailing Address **2505 S. OCEAN BLVD.**

City **PALM BEACH** State **FL** Zip Code **33480-5434**

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

Name of Employer **NELSON MULLINS RILEY & SCHARBOROUGH** Occupation **MANAGING DIRECTOR, PUBLIC STRATEGIE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
06 / 23 / 2015

Transaction ID : **SA11.135**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GUS DIACOLUKAS

Mailing Address **8510 PHILADELPHIA ROAD**

City **ROSEDALE** State **MD** Zip Code **21237-3041**

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

Name of Employer **FRIENDSHIP DENTAL LABORATORIES, INC.** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 MM / DD / YYYY
06 / 25 / 2015

Transaction ID : **SA11.148**

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1000.00

20150720200229950

**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 14 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address 1249 ALGONQUIN RD

City CROWNSVILLE	State MD	Zip Code 21032-2130
---------------------	-------------	------------------------

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

Name of Employer FLYWHEEL DIGITAL LLC	Occupation MANAGEMENT
--	--------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SA11.97

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JESSE EHRENFELD

Mailing Address 900 20TH AVE S

City NASHVILLE	State TN	Zip Code 37212-2232
-------------------	-------------	------------------------

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

Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER	Occupation ASSOCIATE PROFESSOR
--	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

Transaction ID : SA11.127

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JESSE EHRENFELD

Mailing Address 900 20TH AVE S

City NASHVILLE	State TN	Zip Code 37212-2232
-------------------	-------------	------------------------

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

Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER	Occupation ASSOCIATE PROFESSOR
--	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2015

Transaction ID : SA11.14

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

20150720200229951

**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 15 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

Full Name (Last, First, Middle Initial)
FRANK EHRlich

Mailing Address **212 HICKORY HILL RD.**

Date of Receipt
MM / DD / YYYY
06 / 13 / 2015

Transaction ID : **SA11.81**

City State Zip Code
WOODSTOCK NY 12498-1958

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

Amount of Each Receipt this Period
500.00
CONTRIBUTION

Name of Employer Occupation
HEALTHALLIANCE OF THE HUDSON VALLEY PHYSICIAN/ADMINISTRATOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Full Name (Last, First, Middle Initial)
PEGGY ELLIS

Mailing Address **3211 OLD DOMINION BOULEVARD**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.159**

City State Zip Code
ALEXANDRIA VA 22305-1317

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

Amount of Each Receipt this Period
250.00
CONTRIBUTION

Name of Employer Occupation
ELLIS & COMPANY, L.L.C. CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Full Name (Last, First, Middle Initial)
KEVIN FORD

Mailing Address **331 9TH STREET NE**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.192**

City State Zip Code
WASHINGTON DC 20002-6115

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

Amount of Each Receipt this Period
2400.00
CONTRIBUTION

Name of Employer Occupation
VIDA TRAINER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2650.00

3150.00

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

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

201507220200229952

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address 331 9TH STREET NE

City WASHINGTON State DC Zip Code 20002-6115

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

Name of Employer VIDA Occupation TRAINER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2850.00**

Date of Receipt **04 / 15 / 2015**

Transaction ID : SA11.6

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID FRUM

Mailing Address 3111 FOXHALL ROAD

City WASHINGTON State DC Zip Code 20016-3432

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

Name of Employer FRUM GLOBAL ASSETS Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **05 / 31 / 2015**

Transaction ID : SA11.58

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRANDON GREEN

Mailing Address 4221 MATHEWSON DR NW

City WASHINGTON State DC Zip Code 20011-4247

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

Name of Employer KELLER WILLIAMS CAPITAL PROPERTIES Occupation MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **05 / 27 / 2015**

Transaction ID : SA11.48

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

201507220200229953

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 OF 44		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Kefalas for Maryland, Inc.

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

Mailing Address **1 NASSAU STREET PH 2203**

City BOSTON	State MA	Zip Code 02111-1591
-----------------------	--------------------	-------------------------------

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

Name of Employer CIVITAS PUBLIC AFFAIRS GROUP	Occupation EXECUTIVE
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

MM	DD	YYYY
06	30	2015

Transaction ID : SA11.182

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KEITH L. HENSLEY

Mailing Address **110 POPPY HILLS CV N**

City GEORGETOWN	State TX	Zip Code 78628-1180
---------------------------	--------------------	-------------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF
--	---

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

MM	DD	YYYY
05	17	2015

Transaction ID : SA11.219

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS M. JEFFRIES

Mailing Address **P.O. BOX 1160**

City JANESVILLE	State WI	Zip Code 53547-1160
---------------------------	--------------------	-------------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF
--	---

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

MM	DD	YYYY
06	30	2015

Transaction ID : SA11.207

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

1250.00

201507220200229954

**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 18 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

Full Name (Last, First, Middle Initial) CHRYSOVALANTIS KEFALAS			Date of Receipt MM / DD / YYYY 04 / 13 / 2015		
Mailing Address 416 MACON ST			Transaction ID : SA11.208		
City BALTIMORE	State MD	Zip Code 21224-2629	Amount of Each Receipt this Period 212.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer NATIONAL ASSOCIATION OF MANUFACTURERS		Occupation VP-EXECUTIVE COMMUNICATIONS	INCORPORATION COSTS		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 9652.51			

Full Name (Last, First, Middle Initial) CHRYSOVALANTIS KEFALAS			Date of Receipt MM / DD / YYYY 04 / 09 / 2015		
Mailing Address 416 MACON ST			Transaction ID : SA11.209		
City BALTIMORE	State MD	Zip Code 21224-2629	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer NATIONAL ASSOCIATION OF MANUFACTURERS		Occupation VP-EXECUTIVE COMMUNICATIONS	PURCHASE OF CAMPAIGN RELATED DOMAIN NAMES		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 9652.51			

Full Name (Last, First, Middle Initial) CHRYSOVALANTIS KEFALAS			Date of Receipt MM / DD / YYYY 05 / 11 / 2015		
Mailing Address 416 MACON ST			Transaction ID : SA11.210		
City BALTIMORE	State MD	Zip Code 21224-2629	Amount of Each Receipt this Period 8175.00		
FEC ID number of contributing federal political committee. C			CONTRIBUTION		
Name of Employer NATIONAL ASSOCIATION OF MANUFACTURERS		Occupation VP-EXECUTIVE COMMUNICATIONS	PAYMENT FOR MEDIA CONSULTING		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 9652.51			

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

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

8507.00

20150720200229955

**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 19 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **416 MACON ST**

City BALTIMORE	State MD	Zip Code 21224-2629
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FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL ASSOCIATION OF MANUFACTURERS	Occupation VP-EXECUTIVE COMMUNICATIONS
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9652.51

Date of Receipt
 MM / DD / YYYY
06 / 10 / 2015

Transaction ID : **SA11.211**

Amount of Each Receipt this Period
 CONTRIBUTION
238.50

GO HAPPY PRINTING

B. Full Name (Last, First, Middle Initial)
CHRYSOVALANTIS KEFALAS

Mailing Address **416 MACON ST**

City BALTIMORE	State MD	Zip Code 21224-2629
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FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL ASSOCIATION OF MANUFACTURERS	Occupation VP-EXECUTIVE COMMUNICATIONS
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9652.51

Date of Receipt
 MM / DD / YYYY
06 / 13 / 2015

Transaction ID : **SA11.212**

Amount of Each Receipt this Period
 CONTRIBUTION
26.66

STAPLES - COPYING COSTS

C. Full Name (Last, First, Middle Initial)
CHRYSOVALANTIS KEFALAS

Mailing Address **416 MACON ST**

City BALTIMORE	State MD	Zip Code 21224-2629
--------------------------	--------------------	-------------------------------

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

Name of Employer NATIONAL ASSOCIATION OF MANUFACTURERS	Occupation VP-EXECUTIVE COMMUNICATIONS
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9652.51

Date of Receipt
 MM / DD / YYYY
06 / 13 / 2015

Transaction ID : **SA11.213**

Amount of Each Receipt this Period
 CONTRIBUTION
6.24

STAPLES - COPYING COSTS

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

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

271.40

20150720200229956

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **416 MACON ST**

City BALTIMORE	State MD	Zip Code 21224-2629
--------------------------	--------------------	-------------------------------

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

Name of Employer NATIONAL ASSOCIATION OF MANUFACTURERS	Occupation VP-EXECUTIVE COMMUNICATIONS
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9652.51

Date of Receipt

MM	DD	YYYY
06	25	2015

Transaction ID : **SA11.214**

Amount of Each Receipt this Period

93.87

CONTRIBUTION
HOTEL COMPUTING - PRINTING COSTS

B. Full Name (Last, First, Middle Initial)
CHRYSOVALANTIS KEFALAS

Mailing Address **416 MACON ST**

City BALTIMORE	State MD	Zip Code 21224-2629
--------------------------	--------------------	-------------------------------

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

Name of Employer NATIONAL ASSOCIATION OF MANUFACTURERS	Occupation VP-EXECUTIVE COMMUNICATIONS
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9652.51

Date of Receipt

MM	DD	YYYY
06	25	2015

Transaction ID : **SA11.215**

Amount of Each Receipt this Period

500.00

CONTRIBUTION
JIMMY'S SEAFOOD CATERING COSTS

C. Full Name (Last, First, Middle Initial)
CHRYSOVALANTIS KEFALAS

Mailing Address **416 MACON ST**

City BALTIMORE	State MD	Zip Code 21224-2629
--------------------------	--------------------	-------------------------------

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

Name of Employer NATIONAL ASSOCIATION OF MANUFACTURERS	Occupation VP-EXECUTIVE COMMUNICATIONS
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9652.51

Date of Receipt

MM	DD	YYYY
06	13	2015

Transaction ID : **SA11.216**

Amount of Each Receipt this Period

46.37

CONTRIBUTION
STAPLES - OFFICE SUPPLIES

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

640.24

201507220200229957

**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)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **416 MACON ST**

City **BALTIMORE** State **MD** Zip Code **21224-2629**

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

Name of Employer **NATIONAL ASSOCIATION OF MANUFACTURERS** Occupation **VP-EXECUTIVE COMMUNICATIONS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **9652.51**

Date of Receipt
06 / 13 / 2015

Transaction ID : **SA11.217**

Amount of Each Receipt this Period
1.87

CONTRIBUTION

STAPLES - COPYING COSTS

B. Full Name (Last, First, Middle Initial)
CHRYSOVALANTIS KEFALAS

Mailing Address **416 MACON ST**

City **BALTIMORE** State **MD** Zip Code **21224-2629**

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

Name of Employer **NATIONAL ASSOCIATION OF MANUFACTURERS** Occupation **VP-EXECUTIVE COMMUNICATIONS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **9652.51**

Date of Receipt
04 / 01 / 2015

Transaction ID : **SA11.222**

Amount of Each Receipt this Period
232.00

CONTRIBUTION

PO BOX RENTAL

C. Full Name (Last, First, Middle Initial)
NORA KEFALAS

Mailing Address **3115 NORTHWIND ROAD**

City **BALTIMORE** State **MD** Zip Code **21234-1215**

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

Name of Employer **COSTAS INN** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
06 / 30 / 2015

Transaction ID : **SA11.167**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

483.87

20150720200229958

**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 22 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **3115 NORTHWIND ROAD**

City BALTIMORE	State MD	Zip Code 21234-1215
--------------------------	--------------------	-------------------------------

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

Name of Employer COSTAS INN	Occupation MANAGER
---------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2015

Transaction ID : SA11.26

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHARLES JAMES KOCH

Mailing Address **186 PARK STREET**

City NEWTON	State MA	Zip Code 02458-2044
-----------------------	--------------------	-------------------------------

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

Name of Employer SAMUEL ADAMS	Occupation BREWER
---	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

Transaction ID : SA11.153

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HARRY KOUKIDES

Mailing Address **8612 DELEGGE ROAD**

City BALTIMORE	State MD	Zip Code 21237-2107
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FEC ID number of contributing federal political committee. **C**

Name of Employer EMPIRE DENTAL LABORATORIES	Occupation OWNER
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Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2015

Transaction ID : SA11.19

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

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

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

3950.00

201507220200229959

**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 23 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **9034 SWANS CREEK WAY**

City LORTON	State VA	Zip Code 22079-3261
-----------------------	--------------------	-------------------------------

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

Name of Employer PLOUTIS PAINTING & CONTRACTING	Occupation CONTRACTOR
---	---------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 MM / DD / YYYY
06 / 09 / 2015

Transaction ID : **SA11.77**

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVE LAUBACH

Mailing Address **505 RIVERVIEW AVE.**

City SALISBURY	State MD	Zip Code 21801-6155
--------------------------	--------------------	-------------------------------

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

Name of Employer INTERIOR SAVVY	Occupation DESIGNER
---	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.171**

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVE LAUBACH

Mailing Address **505 RIVERVIEW AVE.**

City SALISBURY	State MD	Zip Code 21801-6155
--------------------------	--------------------	-------------------------------

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

Name of Employer INTERIOR SAVVY	Occupation DESIGNER
---	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 MM / DD / YYYY
06 / 15 / 2015

Transaction ID : **SA11.84**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1800.00

201507220200229960

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 24 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address 1391 PENNSYLVANIA AVE SE M07

City WASHINGTON	State DC	Zip Code 20003-3076
--------------------	-------------	------------------------

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

Name of Employer SELF	Occupation MARKETING/PR/EVENTS
--------------------------	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11.161

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KEN MEHLMAN

Mailing Address 101 CONSTITUTION AVE NW
STE 800

City WASHINGTON	State DC	Zip Code 20001-2133
--------------------	-------------	------------------------

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

Name of Employer KKR	Occupation PUBLIC AFFAIRS
-------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2015

Transaction ID : SA11.204

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ARIS MELISSARATOS

Mailing Address 13224 LONGNECKER RD.

City GLYNDON	State MD	Zip Code 21136-4846
-----------------	-------------	------------------------

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

Name of Employer STEVENSON UNIVERSITY	Occupation DEAN, BROWN SCHOOL OF BUSINESS ANC
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

Transaction ID : SA11.128

Amount of Each Receipt this Period
500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3700.00

201507220200229961

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

Full Name (Last, First, Middle Initial) DAN MEYERS			Date of Receipt MM / DD / YYYY 06 / 28 / 2015		
Mailing Address 1741 DUMBARTON STREET			Transaction ID : SA11.116		
City MCLEAN	State VA	Zip Code 22101-4206	Amount of Each Receipt this Period 500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C					
Name of Employer DCI GROUP LLC		Occupation CONSULTANT			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) ROSE MINAS			Date of Receipt MM / DD / YYYY 06 / 26 / 2015		
Mailing Address 416 MACON STREET			Transaction ID : SA11.151		
City BALTIMORE	State MD	Zip Code 21224-2629	Amount of Each Receipt this Period 500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C					
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) BRANDY NANNINI			Date of Receipt MM / DD / YYYY 06 / 23 / 2015		
Mailing Address 2507 N RANDOLPH ST			Transaction ID : SA11.103		
City ARLINGTON	State VA	Zip Code 22207-5219	Amount of Each Receipt this Period 250.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C					
Name of Employer N/A		Occupation RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

201507220200229962

**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)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **1391 PENNSYLVANIA AVE SE
UNIT M07**

City **WASHINGTON** State **DC** Zip Code **20003-3076**

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

Name of Employer **NELSON MULLINS RILEY & SCARBOROUGH** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SA11.8**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT NELSON

Mailing Address **1829 BAY STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003-2510**

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

Name of Employer **SELF** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.176**

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DONNA NORRIS

Mailing Address **3514 MOYLAND DRIVE**

City **BOWIE** State **MD** Zip Code **20715-2923**

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

Name of Employer **ANNE ARUNDEL CO. PUBLIC SCHOOLS** Occupation **TEACHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

Transaction ID : **SA11.137**

Amount of Each Receipt this Period
70.00

CONTRIBUTION

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

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

5470.00

20150720200229963

**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)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

Full Name (Last, First, Middle Initial)
DONNA NORRIS

A. Mailing Address **3514 MOYLAND DRIVE**

City State Zip Code
BOWIE MD 20715-2923

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

Name of Employer Occupation
ANNE ARUNDEL CO. PUBLIC SCHOOLS TEACHER

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date
235.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

Transaction ID : **SA11.138**

Amount of Each Receipt this Period
165.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KAREN NUDELMAN

Mailing Address **8803 POSTOAK ROAD**

City State Zip Code
POTOMAC MD 20854-3554

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

Name of Employer Occupation
N/A N/A

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2015

Transaction ID : **SA11.57**

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS PAVLICK

Mailing Address **811 4TH STREET NW
208**

City State Zip Code
WASHINGTON DC 20001-4902

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

Name of Employer Occupation
CBS RADIO HOST

Receipt For: 2016
 Primary General
 Other (specify) Election Cycle-to-Date
2700.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2015

Transaction ID : **SA11.150**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3365.00

201507220200229964

**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 28 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **260 S. OSCEOLA AVE # 1504 ORLANDO**

City ORLANDO	State FL	Zip Code 32801-
------------------------	--------------------	---------------------------

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

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
--	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
06 / 30 / 2015

Transaction ID : SA11.160

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM POPOMARONIS

Mailing Address **14615 MANOR ROAD**

City PHOENIX	State MD	Zip Code 21131-1720
------------------------	--------------------	-------------------------------

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

Name of Employer NCPA	Occupation PHARMACIST
---------------------------------	---------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
04 / 17 / 2015

Transaction ID : SA11.11

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM POPOMARONIS

Mailing Address **14615 MANOR ROAD**

City PHOENIX	State MD	Zip Code 21131-1720
------------------------	--------------------	-------------------------------

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

Name of Employer NCPA	Occupation PHARMACIST
---------------------------------	---------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
06 / 16 / 2015

Transaction ID : SA11.89

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

800.00

201507220200229965

**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 29 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address 201 REACH ROAD

City SEDGWICK State ME Zip Code 04676-3011

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.172**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT PUBLICOVER

Mailing Address 201 REACH ROAD

City SEDGWICK State ME Zip Code 04676-3011

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SA11.221**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JENNIFER REYNAUD

Mailing Address 1002 STEVENSON LN

City TOWSON State MD Zip Code 21286-7918

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

Name of Employer US DEPT OF JUSTICE Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.169**

Amount of Each Receipt this Period
100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

450.00

20150720200229966

**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 30 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address 1002 STEVENSON LN

City TOWSON State MD Zip Code 21286-7918

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

Name of Employer US DEPT OF JUSTICE Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.205**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JENNIFER REYNAUD

Mailing Address 1002 STEVENSON LN

City TOWSON State MD Zip Code 21286-7918

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

Name of Employer US DEPT OF JUSTICE Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
05 / 31 / 2015

Transaction ID : **SA11.55**

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHANNON SENTMAN

Mailing Address 930 WAYNE AVENUE, UNIT 1409

City SILVER SPRING State MD Zip Code 20910-4498

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

Name of Employer SOL VISTA Occupation ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
06 / 17 / 2015

Transaction ID : **SA11.90**

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

450.00

2015072200229967

**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)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

A. Full Name (Last, First, Middle Initial)
STEPHEN W. SHYN

Mailing Address **25 CENTRAL PARK W**

City **NEW YORK** State **NY** Zip Code **10023-7253**

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

Name of Employer **CROSSBRIDGE** Occupation **MANAGING PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **04 / 13 / 2015**

Transaction ID : **SA11.3**

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MATT SIMEON

Mailing Address **161 RANDOLPH PLACE, NW**

City **WASHINGTON** State **DC** Zip Code **20001-1197**

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

Name of Employer **LOCUST STREET GROUP** Occupation **DIRECTOR OF BUSINESS DEVELOPMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **06 / 29 / 2015**

Transaction ID : **SA11.126**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JULIE STERLING

Mailing Address **2776 S ARLINGTON MILL DR**

City **ARLINGTON** State **VA** Zip Code **22206-3402**

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

Name of Employer **STERLING CAPITAL PARTNERS** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **06 / 23 / 2015**

Transaction ID : **SA11.98**

Amount of Each Receipt this Period
250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3200.00

20150720200229968

**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 32 OF 44
	<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	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

A. Full Name (Last, First, Middle Initial)
JENNIFER STOUFFS DOHERTY

Mailing Address 1012 N NOYES DRIVE

City SILVER SPRING State MD Zip Code .20910-4123

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SA11.27

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JUDGE JOHN THEMELIS

Mailing Address 2221 KENTUCKY AVENUE

City BALTIMORE State MD Zip Code 21213-1011

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

Name of Employer THEMELIS & THEMELIS Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
06 / 16 / 2015

Transaction ID : SA11.32

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COSTAS TRIANTAFILOS

Mailing Address 11222 OLD CARRIAGE ROAD

City GLEN ARM State MD Zip Code 21057-9415

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

Name of Employer COSTAS INN Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

Transaction ID : SA11.147

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

1250.00

201507220200229969

**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 33 OF 44	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **11222 OLD CARRIAGE ROAD**

City **GLEN ARM** State **MD** Zip Code **21057-9415**

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

Name of Employer **COSTAS INN** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 MM / DD / YYYY
06 / 11 / 2015

Transaction ID : **SA11.80**

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFF UNGER

Mailing Address **43094 ROCKY RIDGE COURT**

City **LEESBURG** State **VA** Zip Code **20176-1807**

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

Name of Employer **STRATITIA INC** Occupation **EXECUTIVE LEADERSHIP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SA11.155**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANGELO VOXAKIS

Mailing Address **13216 DULANEY VALLEY ROAD**

City **GLEN ARM** State **MD** Zip Code **21057-9613**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **PHARMACIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 MM / DD / YYYY
04 / 13 / 2015

Transaction ID : **SA11.1**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3350.00

3350.00

201507220200229970

**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)

11a 11b 11c 11d
 12 13a 13b 14 15

PAGE 34 OF 44

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

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

Mailing Address **13216 DULANEY VALLEY ROAD**

City **GLEN ARM** State **MD** Zip Code **21057-9613**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **04 / 13 / 2015**

Transaction ID : **SA11.2**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NICHOLAS VOXAKIS

Mailing Address **1630 WHETSTONE WAY APT 621**

City **BALTIMORE** State **MD** Zip Code **21230-5161**

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

Name of Employer **DEPARTMENT OF DEFENSE** Occupation **PROGRAM MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : **SA11.180**

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN ZOULIS

Mailing Address **444 ELM TWIN CT , LINTHICUM MD**

City **LINTHICUM HEIGHTS** State **MD** Zip Code **21090-2158**

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

Name of Employer **ZOULIS PROPERTIES INC** Occupation **SELF EMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : **SA11.179**

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **5650.00**

TOTAL This Period (last page this line number only)..... **72661.51**

20150720200229971

**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)

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

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

A. MS. SUSAN CAROL BELL

Full Name (Last, First, Middle Initial)
Mailing Address **617 ANNABEL AVENUE**

City **BALTIMORE** State **MD** Zip Code **21225**

Purpose of Disbursement **REIMBURSEMENT**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **04 / 30 / 2015**

Amount of Each Disbursement this Period: **88.27**

Transaction ID : **SB17.I18**

Category/Type

B. COSTCO

Full Name (Last, First, Middle Initial)
Mailing Address **P.O. BOX 351220**

City **NEW BAUNFELF** State **TX** Zip Code **78135**

Purpose of Disbursement **OFFICE SUPPLIES**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **04 / 30 / 2015**

Amount of Each Disbursement this Period: **88.27**

Transaction ID : **SB17.I20**

[MEMO ITEM]

Category/Type

C. CHRYSOVALANTIS KEFALAS

Full Name (Last, First, Middle Initial)
Mailing Address **416 MACON ST**

City **BALTIMORE** State **MD** Zip Code **21224-2629**

Purpose of Disbursement **IN-KIND CONTRIBUTION**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **04 / 13 / 2015**

Amount of Each Disbursement this Period: **212.00**

Transaction ID : **SB17.208**

INCORPORATION COSTS

Category/Type

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

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

300.27

20150720200229972

**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)

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

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

Full Name (Last, First, Middle Initial) A. CHRYSOVALANTIS KEFALAS		Date of Disbursement MM / DD / YYYY 04 / 09 / 2015
Mailing Address 416 MACON ST		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.209
City BALTIMORE	State MD	
Zip Code 21224-2629		PURCHASE OF CAMPAIGN RELATED DOMAIN NAMES
Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) B. CHRYSOVALANTIS KEFALAS		Date of Disbursement MM / DD / YYYY 05 / 11 / 2015
Mailing Address 416 MACON ST		Amount of Each Disbursement this Period 8175.00 Transaction ID : SB17.210
City BALTIMORE	State MD	
Zip Code 21224-2629		PAYMENT FOR MEDIA CONSULTING
Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) C. CHRYSOVALANTIS KEFALAS		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 416 MACON ST		Amount of Each Disbursement this Period 238.50 Transaction ID : SB17.211
City BALTIMORE	State MD	
Zip Code 21224-2629		GO HAPPY PRINTING
Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

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

8533.50

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

201507220200229973

**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)

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

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

A. CHRYSOVALANTIS KEFALAS

Full Name (Last, First, Middle Initial)

Mailing Address 416 MACON ST

City BALTIMORE State MD Zip Code 21224-2629

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
06	13	2015

Amount of Each Disbursement this Period

26.66

Transaction ID : SB17.212

STAPLES - COPYING COSTS

B. CHRYSOVALANTIS KEFALAS

Full Name (Last, First, Middle Initial)

Mailing Address 416 MACON ST

City BALTIMORE State MD Zip Code 21224-2629

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
06	13	2015

Amount of Each Disbursement this Period

6.24

Transaction ID : SB17.213

STAPLES - COPYING COSTS

C. CHRYSOVALANTIS KEFALAS

Full Name (Last, First, Middle Initial)

Mailing Address 416 MACON ST

City BALTIMORE State MD Zip Code 21224-2629

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
06	25	2015

Amount of Each Disbursement this Period

93.87

Transaction ID : SB17.214

HOTEL COMPUTING - PRINTING COSTS

126.77

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

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

201507220200229974

**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 38 OF 44			
	<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	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

Full Name (Last, First, Middle Initial) A. CHRYSOVALANTIS KEFALAS		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 416 MACON ST		Amount of Each Disbursement this Period 500.00
City BALTIMORE	State MD	
Zip Code 21224-2629	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.215
Candidate Name	Category/ Type	JIMMY'S SEAFOOD CATERING COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHRYSOVALANTIS KEFALAS		Date of Disbursement MM / DD / YYYY 06 / 13 / 2015
Mailing Address 416 MACON ST		Amount of Each Disbursement this Period 46.37
City BALTIMORE	State MD	
Zip Code 21224-2629	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.216
Candidate Name	Category/ Type	STAPLES - OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHRYSOVALANTIS KEFALAS		Date of Disbursement MM / DD / YYYY 06 / 13 / 2015
Mailing Address 416 MACON ST		Amount of Each Disbursement this Period 1.87
City BALTIMORE	State MD	
Zip Code 21224-2629	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.217
Candidate Name	Category/ Type	STAPLES - COPYING COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	548.24
TOTAL This Period (last page this line number only).....	

201507220200229975

**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)

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

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

Full Name (Last, First, Middle Initial) A. CHRYSOVALANTIS KEFALAS		Date of Disbursement MM / DD / YYYY 04 / 01 / 2015
Mailing Address 416 MACON ST		Amount of Each Disbursement this Period 232.00
City BALTIMORE	State MD	
Purpose of Disbursement IN-KIND CONTRIBUTION		Transaction ID : SB17.222
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PO BOX RENTAL
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 450 LAUREL ST STE 2105		Amount of Each Disbursement this Period 156.55
City BATON ROUGE	State LA	
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.117
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 450 LAUREL ST STE 2105		Amount of Each Disbursement this Period 1576.62
City BATON ROUGE	State LA	
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.126
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)	Category/ Type
State: District:		

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

1965.17

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

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201507220200229976

**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 40 OF 44
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

A. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 19 / 2015

Amount of Each Disbursement this Period
1250.00

Transaction ID : SB17.I14

Category/Type

B. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 24 / 2015

Amount of Each Disbursement this Period
1250.00

Transaction ID : SB17.I16

Category/Type

C. EVENTBRITE

Full Name (Last, First, Middle Initial)
Mailing Address 155 5TH ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2015

Amount of Each Disbursement this Period
28.18

Transaction ID : SB17.I27

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 2528.18

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

201507220200229977

**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 41 OF 44			
	<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	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

Full Name (Last, First, Middle Initial) A. KOWNACKI MEDIA HOLDINGS		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 1375 KENYON STREET, NW SUITE 307		Amount of Each Disbursement this Period 3200.00 Transaction ID : SB17.I13
City WASHINGTON	State DC	
Zip Code 20010	Purpose of Disbursement VIDEO PRODUCTION AND EDITING SERVICES	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. STRIPE		Date of Disbursement MM / DD / YYYY 04 / 23 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 7.55 Transaction ID : SB17.I10
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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. STRIPE		Date of Disbursement MM / DD / YYYY 05 / 08 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.I11
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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).....	3209.30
TOTAL This Period (last page this line number only).....	

201507220200229978

**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 42 OF 44
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.I12
City SAN FRANCISCO	State CA	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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. STRIPE		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.I21
City SAN FRANCISCO	State CA	
Purpose of Disbursement CC PROCESSING		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. STRIPE		Date of Disbursement MM / DD / YYYY 05 / 18 / 2015
Mailing Address 3180 18TH ST STE 100		Amount of Each Disbursement this Period 7.85 Transaction ID : SB17.I22
City SAN FRANCISCO	State CA	
Purpose of Disbursement CC PROCESSING		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).....	12.08
TOTAL This Period (last page this line number only).....	

20150720200229979

**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)

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

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

A. STRIPE

Full Name (Last, First, Middle Initial)
Mailing Address 3180 18TH ST STE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
05 / 28 / 2015

Amount of Each Disbursement this Period: 8.58

Transaction ID : SB17.I23

Category/Type

B. STRIPE

Full Name (Last, First, Middle Initial)
Mailing Address 3180 18TH ST STE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
VERIFICATION WITHDRAWAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 15 / 2015

Amount of Each Disbursement this Period: 0.01

Transaction ID : SB17.I25

Category/Type

C. STRIPE

Full Name (Last, First, Middle Initial)
Mailing Address 3180 18TH ST STE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 21 / 2015

Amount of Each Disbursement this Period: 99.38

Transaction ID : SB17.I8

Category/Type

SUBTOTAL of Disbursements This Page (optional) 107.97

TOTAL This Period (last page this line number only)

201507220200229980

**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)

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

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NAME OF COMMITTEE (In Full)
Kefalas for Maryland, Inc.

A. STRIPE

Full Name (Last, First, Middle Initial)
Mailing Address 3180 18TH ST STE 100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
04 / 22 / 2015

Amount of Each Disbursement this Period
44.10

Transaction ID : SB17.I9

Category/Type

B. TUSK DIGITAL

Full Name (Last, First, Middle Initial)
Mailing Address 718 7TH STREET, SECOND FLOOR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
DIGITAL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 29 / 2015

Amount of Each Disbursement this Period
15000.00

Transaction ID : SB17.I15

Category/Type

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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

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

15044.10
32375.58

201507220200229981

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 7-15-15
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

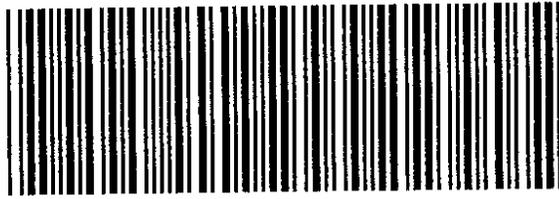
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FAX _____
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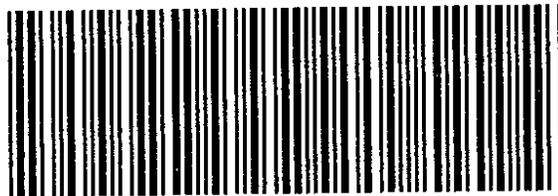
OTHER _____
Date of Receipt or Postmark

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