

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

[Empty box for committee name]

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

ADDRESS (number and street)

PO BOX 1631

Check if different than previously reported. (ACC)

BALTIMORE

MD

21203

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00310318

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MD

07

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

[Empty boxes for election date]

in the State of

[Empty box for state]

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

General (30G)

Runoff (30R)

Special (30S)

Election on

[Empty boxes for election date]

in the State of

[Empty box for state]

5. Covering Period

07

01

2008

through

09

30

2008

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

Ronald Thompson

Signature of Treasurer

Electronically Filed by Ronald Thompson

Date

01

02

2009

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	101600.00	816347.93
(b) Total Contribution Refunds (from Line 20(d)).....	1500.00	4376.37
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	100100.00	811971.56
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	36600.88	333568.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	214.10	22016.43
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36386.78	311552.30
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>691626.97</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**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).....

42100.00

328478.24

(ii) Unitemized.....

500.00

8469.69

(iii) TOTAL of contributions

42600.00

336947.93

from individuals..... ▶

1000.00

2050.00

(b) Political Party Committees.....

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

58000.00

477350.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

101600.00

816347.93

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

214.10

22016.43

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

7825.76

36443.15

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

109639.86

874807.51

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	36600.88	333568.73
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	1200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1500.00	3176.37
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1500.00	4376.37
21. OTHER DISBURSEMENTS.....	67491.12	232291.12
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	105592.00	570236.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	687579.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	109639.86
25. SUBTOTAL (add Line 23 and Line 24).....	797218.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	105592.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	691626.97

**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 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Stewart Bainum, Jr.	Date of Receipt MM / DD / YYYY 07 / 22 / 2008
	Mailing Address 8171 Maple Lawn Blvd, sute 375	Transaction ID: SA11AI.8797
	City State Zip Code Fulton MD 20759	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Choice Hotels Chairman	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth Banks	Date of Receipt MM / DD / YYYY 07 / 22 / 2008
	Mailing Address 903 Windsor	Transaction ID: SA11AI.8787
	City State Zip Code Baltimore MD 21208	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Banks Contracting, Inc Construction	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Baugh	Date of Receipt MM / DD / YYYY 08 / 03 / 2008
	Mailing Address 1064 Rustlings Oaks Dr	Transaction ID: SA11AI.8817
	City State Zip Code Millersville MD 21108	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation TVI Corp Associate	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 70

(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

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Evelyn Beasley

Mailing Address 4315 Groveland Ave

City State Zip Code  
Baltimore MD 21215

FEC ID number of contributing federal political committee. C

Name of Employer  
Baltimore City Public Schools

Occupation  
Educator

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2008

**Transaction ID:** SA11AI.8723

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Helen Bentley

Mailing Address 408 Chaplewood Ln

City State Zip Code  
Lutherville MD 21093

FEC ID number of contributing federal political committee. C

Name of Employer Requested

Occupation Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2008

**Transaction ID:** SA11AI.8816

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Robert Bogomolny

Mailing Address 3801 Canterbury Rd, Apt 1001

City State Zip Code  
Baltimore MD 21218

FEC ID number of contributing federal political committee. C

Name of Employer  
University of Baltimore

Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2008

**Transaction ID:** SA11AI.8790

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

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

**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 7 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Beau Boulter		Date of Receipt
	Mailing Address 6932 Fairfax Dr, #204		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 27 / 2008
	City	State	Zip Code
	Arlington	VA	22213
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8917
Name of Employer Beau Boulter, LLC		Occupation Principal	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 3000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Brown		Date of Receipt
	Mailing Address 14306 Big Bear Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 22 / 2008
	City	State	Zip Code
	Silver Spring	MD	20906
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8798
Name of Employer Shellback Technologies, LLC		Occupation Engineer	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) W Burgstiner		Date of Receipt
	Mailing Address 5604 St Moritz		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 03 / 2008
	City	State	Zip Code
	Bellaire	TX	77401
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8840
Name of Employer Sealift Companies		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 70  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
LaVarne Burton

Mailing Address 4296 Buckskin Lake Dr

City State Zip Code  
**Ellicott City MD 21042**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PCMA CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	8

**Transaction ID: SA11AI.8913**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Freda Byrnes

Mailing Address 336 N. Charles Street

City State Zip Code  
**Baltimore MD 21201**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Kemp Byrnes & Assoc Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

**Transaction ID: SA11AI.8722**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Roland Campbell

Mailing Address 4105 Balmoral Circle

City State Zip Code  
**Pikesville MD 21208**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

**Transaction ID: SA11AI.8791**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 9 / 70</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Donald Carroll</p> <p>Mailing Address 26 Salthill Ct</p> <p>City State Zip Code Timonium MD 21093</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer T. Parker Host of Maryland, In</p> <p>Occupation Chairman of Board</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2008</p> <p><b>Transaction ID:</b> SA11AI.8939</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Robb Cohen</p> <p>Mailing Address 3605 Michelle Way</p> <p>City State Zip Code Baltimore MD 21208</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2008</p> <p><b>Transaction ID:</b> SA11AI.8870</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Randall Craig</p> <p>Mailing Address 11526 Manor Rd</p> <p>City State Zip Code Glen Arm MD 21057-9140</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Craig &amp; Henderson</p> <p>Occupation Attorney</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2008</p> <p><b>Transaction ID:</b> SA11AI.8792</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 70  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Davenport

Mailing Address 3052 Essex Rd

City Baltimore State MD Zip Code 21207

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

Name of Employer American Technologies Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 07 / 22 / 2008  
**Transaction ID: SA11AI.8802**  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
David Deloach

Mailing Address P. O. Box 576

City Port Allen State LA Zip Code 70767

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

Name of Employer Deloach Marine Services, LLC Occupation CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 27 / 2008  
**Transaction ID: SA11AI.8912**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. ALAN EDELMAN

Mailing Address 1408 LOCUST AVE

City BALTIMORE State MD Zip Code 21204

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

Name of Employer Self Occupation Investor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2008  
**Transaction ID: SA11AI.8801**  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 70  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Wayne Fraizer

Mailing Address 1107 North Point BLVD, Suite

City State Zip Code  
Baltimore MD 21224

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

Name of Employer Self Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2008

**Transaction ID:** SA11AI.8785

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ryan Frederic

Mailing Address 371 Galway Drive

City State Zip Code  
West Chester PA 19380

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

Name of Employer Applied Defense Solutions Occupation CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2008

**Transaction ID:** SA11AI.8839

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Megan Fredericks

Mailing Address 45 Lerner CT

City State Zip Code  
Nottingham MD 21236

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

Name of Employer GBMX Occupation Discharge Coordinator

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2008

**Transaction ID:** SA11AI.8795

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 70  
(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

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Nancy Grasmick

Mailing Address 4310 Green Glade Rd

City State Zip Code  
Phoenix MD 21131

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

Name of Employer Occupation  
State of MD Superintendent of Schools

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2008

**Transaction ID:** SA11AI.8800

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Hargrave

Mailing Address 1747 Maco Dr

City State Zip Code  
Hanover MD 21076

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

Name of Employer Occupation  
Mahogany President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2008

**Transaction ID:** SA11AI.8872

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Robert Hogue

Mailing Address 14790 Triadelphia Hill Rd

City State Zip Code  
Dayton MD 21036

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

Name of Employer Occupation  
In-Depth Engineering CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2008

**Transaction ID:** SA11AI.8916

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 70  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
C Duff Hughes

Mailing Address 1003 Wagner Rd

City Ruxton State MD Zip Code 21204

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

Name of Employer The Vane Brothers Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 09 / 28 / 2008  
Transaction ID: SA11AI.8941  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
J Jenniches

Mailing Address 5222 Harpers Farm Rd

City Columbia State MD Zip Code 21044

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

Name of Employer Northrop Grumman Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 03 / 2008  
Transaction ID: SA11AI.8819  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Gary Jones

Mailing Address 34 Continental Rd

City West Milford State NJ Zip Code 07480

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

Name of Employer Wallenius Wilhelmsen Logistics Occupation Sr Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 08 / 03 / 2008  
Transaction ID: SA11AI.8837  
Amount of Each Receipt this Period: 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 70  
(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

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Francis Kirley

Mailing Address 12834 Amberwoods Way

City State Zip Code  
Sykesville MD 21784

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

Name of Employer Occupation  
Nexion Health Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2008

Transaction ID: SA11AI.8803

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Willie Lamouse-Smith

Mailing Address 5068 Blacksmith Dr

City State Zip Code  
Columbia MD 21044

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

Name of Employer Occupation  
UMBC Professor

Receipt For: 2005 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2008

Transaction ID: SA11AI.8867

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Terry Lieerman

Mailing Address 7200 Delfield Street

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
Congressman Stony Hoyer Chief of Staff

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2008

Transaction ID: SA11AI.8725

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2850.00**

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

# 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 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Stanley Lukas		Date of Receipt MM / DD / YYYY 08 / 03 / 2008		
	Mailing Address 1505 Sunningdale Way		Transaction ID: SA11AI.8821		
	City Belair	State MD	Zip Code 21015	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>		
	Name of Employer Management 2000, Inc	Occupation Associate	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Sara Manning		Date of Receipt MM / DD / YYYY 09 / 01 / 2008		
	Mailing Address 1907 Billy Barton Circle		Transaction ID: SA11AI.8860		
	City Reisterstown	State MD	Zip Code 21136	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>		
	Name of Employer Stevenson University	Occupation President	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Aries Melissaratos		Date of Receipt MM / DD / YYYY 08 / 03 / 2008		
	Mailing Address 317 School Lane		Transaction ID: SA11AI.8823		
	City Linthicum	State MD	Zip Code 21090	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>		
	Name of Employer John Hopkins University	Occupation Enterprise Development	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 70  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John Menzies

Mailing Address 1324 Kinloch Cir

City State Zip Code  
Arnold MD 21012

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

Name of Employer Occupation  
Jock Menzies Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2008

Transaction ID: SA11AI.8825

Amount of Each Receipt this Period  
550.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Calvin Mims

Mailing Address 220N. Franklinton Rd

City State Zip Code  
Baltimore MD 21223

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

Name of Employer Occupation  
Calmi Properties, LLC Real Estate Brooker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2008

Transaction ID: SA11AI.8728

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lorein Montgomery

Mailing Address 811 Stiles CT

City State Zip Code  
Joppa MD 21085

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

Name of Employer Occupation  
Ports America, Inc. CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2008

Transaction ID: SA11AI.8862

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 70  
(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

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Leonard Moodispaw

Mailing Address 1158 Oakview Dr

City State Zip Code  
Crownsville MD 21032

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

Name of Employer Occupation  
Essex Corporation CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2008

**Transaction ID:** SA11AI.8727

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lawrence Onyekwere

Mailing Address 9619 Brie Rd

City State Zip Code  
Randallstown MD 21133

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

Name of Employer Occupation  
Cianel Health Spec Pharmacist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2008

**Transaction ID:** SA11AI.8788

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Eugene Orr

Mailing Address 12901 Summer Hill Dr

City State Zip Code  
Silver Spring MD 20904

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

Name of Employer Occupation  
Capitol Development Design, In Business Development Operations Mgr

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2008

**Transaction ID:** SA11AI.8793

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 70  
(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

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) John Paterakis		Date of Receipt MM / DD / YYYY 08 / 03 / 2008
Mailing Address 601 S. Caroline St		<b>Transaction ID:</b> SA11AI.8844
City Baltimore	State MD	Zip Code 21231
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer H & S Bakery, Inc	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Andre Pruitt		Date of Receipt MM / DD / YYYY 09 / 27 / 2008
Mailing Address 10415 Crossing Creek Rd		<b>Transaction ID:</b> SA11AI.8935
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer In-Depth Engineering	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Michael Reagoso, III		Date of Receipt MM / DD / YYYY 08 / 03 / 2008
Mailing Address 1600 A-8 Burton Rd		<b>Transaction ID:</b> SA11AI.8846
City Towson	State MD	Zip Code 21204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer McAllister Towing of Baltimore	Occupation Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 70  
(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

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial) Otis Rolley		Date of Receipt MM / DD / YYYY 07 / 22 / 2008
Mailing Address 6700 Cross Country Blvd		<b>Transaction ID:</b> SA11AI.8783
City Baltimore	State MD	Zip Code 21215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Cntral Maryland Transport- ation	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Brooks Royster		Date of Receipt MM / DD / YYYY 08 / 03 / 2008
Mailing Address 2006 E. Baltimore St		<b>Transaction ID:</b> SA11AI.8827
City Baltimore	State MD	Zip Code 21231
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Merchants Terminal Corpor- ation	Occupation Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

**C.**

Full Name (Last, First, Middle Initial) Norman Ruckert		Date of Receipt MM / DD / YYYY 08 / 03 / 2008
Mailing Address 12319 Cleghorn Rd		<b>Transaction ID:</b> SA11AI.8829
City Cockeysville	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Ruckert Terminals	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 20 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Sigmund Shapiro		Date of Receipt
	Mailing Address 1008 St George's Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 22 / 2008
	City	State	Zip Code
	Baltimore	MD	21210
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8789
Name of Employer Sammuel Shapiro Co.		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) June Smith		Date of Receipt
	Mailing Address 13937 York		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2008
	City	State	Zip Code
	Sparks	MD	21152
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8857
Name of Employer ISRI Corp		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Sam Snowden		Date of Receipt
	Mailing Address P. O. Box 11208		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 16 / 2008
	City	State	Zip Code
	Baltimore	MD	21139
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8871
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 225.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 70  
(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

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial) Gloria Tosi		Date of Receipt MM / DD / YYYY 08 / 03 / 2008
Mailing Address 2106 Dulanay Valley Rd		<b>Transaction ID:</b> SA11AI.8814
City Lutherville	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Tosi Maritime Consultants	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Nicholas Tsaklos		Date of Receipt MM / DD / YYYY 08 / 03 / 2008
Mailing Address 12849 Stone Eagle Rd		<b>Transaction ID:</b> SA11AI.8842
City Phoenix	State MD	Zip Code 21131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer H & S Bakery	Occupation Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Eugene Welch		Date of Receipt MM / DD / YYYY 08 / 03 / 2008
Mailing Address 4517 Worthington Manor Way		<b>Transaction ID:</b> SA11AI.8831
City Ellicott City	State MD	Zip Code 21043
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer Facility Site Contractors, Inc	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 70  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
James white

Mailing Address 1109 Glastonbury Way

City State Zip Code  
Bel Air MD 21014

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

Name of Employer Maryland Port Administration  
Occupation Government Relations

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2008

**Transaction ID:** SA11AI.8833

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James Wilburn

Mailing Address 6349 Knollwood Dr

City State Zip Code  
Frederick MD 21701

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

Name of Employer National Security Agency  
Occupation Governmental Operations

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2008

**Transaction ID:** SA11AI.8835

Amount of Each Receipt this Period  
1250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David Woodford

Mailing Address 705 Randi Drive, SE

City State Zip Code  
Leesburg VA 20175

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

Name of Employer Requested  
Occupation Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2008

**Transaction ID:** SA11AI.8914

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**TOTAL** This Period (last page this line number only) ..... ► **42100.00**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 70  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
IKE SKELTON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box A

City State Zip Code  
Harrisonville MO 64701

FEC ID number of contributing federal political committee. **C** C00025973

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2008

Transaction ID: SA11B.8854

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 70
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)</b>	Date of Receipt MM / DD / YYYY <b>09 / 27 / 2008</b>
	Mailing Address <b>1050 31st Street N.W.</b>	<b>Transaction ID: SA11C.8930</b>
	City State Zip Code <b>Washington DC 20007</b>	Amount of Each Receipt this Period <b>1000.00</b>
	FEC ID number of contributing federal political committee. <b>C C00024521</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4500.00</b>	

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN BANKERS ASSOCIATION BANKPAC</b>	Date of Receipt MM / DD / YYYY <b>09 / 27 / 2008</b>
	Mailing Address <b>1120 CONN. AVE., NW SUITE 851</b>	<b>Transaction ID: SA11C.8929</b>
	City State Zip Code <b>WASHINGTON DC 20036</b>	Amount of Each Receipt this Period <b>3000.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>5000.00</b>	

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN DENTAL POLITICAL ACTION COMMITTEE</b>	Date of Receipt MM / DD / YYYY <b>07 / 01 / 2008</b>
	Mailing Address <b>1111 14TH STREET, NW, 11TH FLOOR</b>	<b>Transaction ID: SA11C.8715</b>
	City State Zip Code <b>WASHINGTON DC 20005</b>	Amount of Each Receipt this Period <b>-5000.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>5000.00</b>	Returned by Bank

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>-1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 25 / 70  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN DENTAL POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW, 11TH FLOOR

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	8

**Transaction ID:** SA11C.8812

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)

Mailing Address 325 7TH STREET NW

City State Zip Code  
WASHINGTON DC 20007

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	0	8

**Transaction ID:** SA11C.8927

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 499 SOUTH CAPITOL STREET SW #409

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	0	8

**Transaction ID:** SA11C.8937

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 70  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN SHIPPING ALLIANCE POLITICAL ACTION COMMITTEE

Mailing Address 1850 M Street NW  
Suite 900

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00366542

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 27 / 2008  
Transaction ID: SA11C.8925  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN WATERWAYS OPERATORS-PAC

Mailing Address 801 North Quincy Street  
Suite 200

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00034678

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: 09 / 27 / 2008  
Transaction ID: SA11C.8928  
Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street  
Room 7-A-50

City San Antonio State TX Zip Code 78205

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 07 / 09 / 2008  
Transaction ID: SA11C.8720  
Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 70  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street  
Room 7-A-50

City San Antonio State TX Zip Code 78205

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt: 09 / 27 / 2008  
**Transaction ID:** SA11C.8938  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
BANK OF AMERICA CORPORATION PAC FKA NATIONSBANK CORPORATION PAC

Mailing Address 600 PEACHTREE ST SUITE 1500  
GA1-006-15-21

City ATLANTA State GA Zip Code 30308

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt: 09 / 27 / 2008  
**Transaction ID:** SA11C.8936  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
CAREFIRST ASSOCIATES' FEDERAL PAC

Mailing Address 10455 Mill Run Circle

City Owings Mills State MD Zip Code 21117

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 09 / 01 / 2008  
**Transaction ID:** SA11C.8865  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 70  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
CONSTELLATION ENERGY GROUP INC. FEDERAL PAC

Mailing Address 111 Market Place 5th Floor  
P.O. Box 1475

City Baltimore State MD Zip Code 21202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: MM / DD / YYYY  
07 / 22 / 2008

Transaction ID: SA11C.8806

Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CONSTELLATION ENERGY GROUP INC. FEDERAL PAC

Mailing Address 111 Market Place 5th Floor  
P.O. Box 1475

City Baltimore State MD Zip Code 21202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: MM / DD / YYYY  
09 / 27 / 2008

Transaction ID: SA11C.8924

Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)

Mailing Address 2941 Fairview Park Dr.  
Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 200"  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: MM / DD / YYYY  
09 / 16 / 2008

Transaction ID: SA11C.8874

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 70  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
GENESIS HEALTH VENTURES INC POLITICAL ACTION COMMITTEE

Mailing Address 101 EAST STATE STREET

City State Zip Code  
KENNETT SQUARE PA 19348

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 8 / 2 0 0 8

**Transaction ID:** SA11C.8944

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 17 BATTERY PLACE

City State Zip Code  
NEW YORK NY 10004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 3 / 2 0 0 8

**Transaction ID:** SA11C.8847

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 17 BATTERY PLACE

City State Zip Code  
NEW YORK NY 10004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 7 / 2 0 0 8

**Transaction ID:** SA11C.8918

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 70  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City ARLINGTON State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 07 / 01 / 2008  
Transaction ID: SA11C.8718  
Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City ARLINGTON State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 07 / 30 / 2008  
Transaction ID: SA11C.8813  
Amount of Each Receipt this Period: 3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MACHINISTS NON-PARTISAN POLITICAL LEAGUE

Mailing Address 9000 MACHINISTS PLACE

City UPPER MARLBORO State MD Zip Code 20772

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 07 / 01 / 2008  
Transaction ID: SA11C.8719  
Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 70  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 606 NORTH WASHINGTON STREET

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 16 / 2008

Transaction ID: SA11C.8877

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF POSTAL SUPERVISORS POLITICAL ACTION COMMITTEE

Mailing Address 1727 KING ST STE 400

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2008

Transaction ID: SA11C.8864

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL MARINE MANUFACTURERS ASSOCIATION'S BOAT POLITICAL ACTION COMMITTEE

Mailing Address 444 North Capitol Street, N.W.  
Suite 645

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00245548

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2008

Transaction ID: SA11C.8942

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 70  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL POSTAL MAIL HANDLERS UNION - DIVISION OF LABORERS' INT'L UNION OF NORTH

Mailing Address 905 16th St., NW  
Second Floor

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00345306

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 09 / 27 / 2008  
Transaction ID: SA11C.8921  
Amount of Each Receipt this Period: 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 DUKE STREET 4TH FLOOR

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 30 / 2008  
Transaction ID: SA11C.8810  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00434233

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 22 / 2008  
Transaction ID: SA11C.8804  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 70

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PITNEY BOWES INC CONNECTICUT POLITICAL ACTION COMMITTEE		Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	4	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	1	4	/	2	0	0	8														
Mailing Address C/O PITNEY BOWES INC MSC 64-23 1 ELMCROFT ROAD		<b>Transaction ID:</b> SA11C.8730																					
City STAMFORD State CT Zip Code 06926	Amount of Each Receipt this Period <table border="1"> <tr><td>1000.00</td></tr> </table>			1000.00																			
1000.00																							
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼																						
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr><td>1000.00</td></tr> </table>			1000.00																			
1000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) PITNEY BOWES INC CONNECTICUT POLITICAL ACTION COMMITTEE		Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	7	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	1	7	/	2	0	0	8														
Mailing Address C/O PITNEY BOWES INC MSC 64-23 1 ELMCROFT ROAD		<b>Transaction ID:</b> SA11C.8716																					
City STAMFORD State CT Zip Code 06926	Amount of Each Receipt this Period <table border="1"> <tr><td>-1000.00</td></tr> </table>			-1000.00																			
-1000.00																							
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						
Name of Employer Occupation	Returned by Bank																						
Receipt For: 2008 Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr><td>.00</td></tr> </table>			.00																			
.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) PITNEY BOWES INC CONNECTICUT POLITICAL ACTION COMMITTEE		Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	6	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	6	/	2	0	0	8														
Mailing Address C/O PITNEY BOWES INC MSC 64-23 1 ELMCROFT ROAD		<b>Transaction ID:</b> SA11C.8875																					
City STAMFORD State CT Zip Code 06926	Amount of Each Receipt this Period <table border="1"> <tr><td>1000.00</td></tr> </table>			1000.00																			
1000.00																							
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼																						
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr><td>1000.00</td></tr> </table>			1000.00																			
1000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1"> <tr><td>1000.00</td></tr> </table>	1000.00
1000.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr><td> </td></tr> </table>	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 70  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Real Estate Investment Trusts PAC

Mailing Address 1875 I Street, NW, Suite 600

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 27 / 2008  
Transaction ID: SA11C.8933  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD

Mailing Address 5201 AUTH WAY

City CAMP SPRINGS State MD Zip Code 20746

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 09 / 27 / 2008  
Transaction ID: SA11C.8920  
Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
SMITHS DETECTION INC US POLITICAL ACTION COMMITTEE

Mailing Address 2202 LAKESIDE BOULEVARD

City EDGEWOOD State MD Zip Code 21040

FEC ID number of contributing federal political committee. **C** C00448324

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 03 / 2008  
Transaction ID: SA11C.8848  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 70  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
TREASURY EMPLOEES - PAC

Mailing Address 901 E STREET, NW, SUITE 600

City State Zip Code  
WASHINGTON DC 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 09 / 2008

**Transaction ID:** SA11C.8721

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 16 / 2008

**Transaction ID:** SA11C.8876

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
UNITE CAMPAIGN COMMITTEE

Mailing Address 275 Seventh Ave. 10th Floor

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2008

**Transaction ID:** SA11C.8923

Amount of Each Receipt this Period  
4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 70  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
UNITED PARCEL SERVICE INC POLITICAL ACTION COMMITTEE

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 30 / 2008  
**Transaction ID:** SA11C.8811  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
UNITED STEEL WORKERS OF AMERICA LOCAL 420-A PAC (USWA LOCAL 420-A PAC)

Mailing Address 24 WOODLAWN AVENUE

City MASSENA State NY Zip Code 13662

FEC ID number of contributing federal political committee. **C** C00299867

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 03 / 2008  
**Transaction ID:** SA11C.8850  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ► 58000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Ideal Federal Savings Bank

Mailing Address 1629 Druid Hill Avenue

City State Zip Code  
**Baltimore MD 21217**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 26445.68

Date of Receipt M M / D D / Y Y Y Y  
07 / 09 / 2008

**Transaction ID: SA15.9218**

Amount of Each Receipt this Period 2411.58

Interest  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ideal Federal Savings Bank

Mailing Address 1629 Druid Hill Avenue

City State Zip Code  
**Baltimore MD 21217**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008  Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 26952.60

Date of Receipt M M / D D / Y Y Y Y  
07 / 12 / 2008

**Transaction ID: SA15.8975**

Amount of Each Receipt this Period 506.92

Interest  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ideal Federal Savings Bank

Mailing Address 1629 Druid Hill Avenue

City State Zip Code  
**Baltimore MD 21217**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008  Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 27183.24

Date of Receipt M M / D D / Y Y Y Y  
08 / 07 / 2008

**Transaction ID: SA15.8976**

Amount of Each Receipt this Period 230.64

Interest  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 3149.14

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

**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 38 / 70
	<input 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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Ideal Federal Savings Bank		Date of Receipt
	Mailing Address 1629 Druid Hill Avenue		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Baltimore	MD	21217
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA15.9219
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="2605.97"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="29789.21"/>	Interest
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ideal Federal Savings Bank		Date of Receipt
	Mailing Address 1629 Druid Hill Avenue		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Baltimore	MD	21217
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA15.9220
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="2070.65"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="31859.86"/>	Interest
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4676.62"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7825.76"/>

# 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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 360001 <hr/> City Fort Lauderdale State FL Zip Code 33336 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8881 Date of Disbursement 09 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 1339.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Atlantic Caterers, Inc. <hr/> Mailing Address 4504-4509 Harford Rd <hr/> City Baltimore State MD Zip Code 21214 <hr/> Purpose of Disbursement Caterer Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8752 Date of Disbursement 08 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 1932.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) CFCU Visa <hr/> Mailing Address P. O. Box 96099 <hr/> City Charlotte State NC Zip Code 28296 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8879 Date of Disbursement 09 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 1442.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

4714.84

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) CFCU Visa  Mailing Address P. O. Box 96099  City Charlotte State NC Zip Code 28296  Purpose of Disbursement Travel  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8880 Date of Disbursement 09 / 01 / 2008  Amount of Each Disbursement this Period 40.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) CFCU Visa  Mailing Address P. O. Box 96099  City Charlotte State NC Zip Code 28296  Purpose of Disbursement Travel  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8897 Date of Disbursement 09 / 07 / 2008  Amount of Each Disbursement this Period 1006.08  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Choice Visa  Mailing Address P. O. Box 6248  City Sioux Falls State SD Zip Code 57117  Purpose of Disbursement Travel  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8758 Date of Disbursement 08 / 07 / 2008  Amount of Each Disbursement this Period 738.03  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1784.11

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Choice Visa	Transaction ID: SB17.8770 Date of Disbursement																			
	Mailing Address P. O. Box 6248	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
	City Sioux Falls State SD Zip Code 57117	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Lodging	<table border="1"><tr><td>110.00</td></tr></table>	110.00																		
110.00																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Choice Visa	Transaction ID: SB17.8771 Date of Disbursement																			
	Mailing Address P. O. Box 6248	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
	City Sioux Falls State SD Zip Code 57117	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>1653.50</td></tr></table>	1653.50																		
1653.50																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Choice Visa	Transaction ID: SB17.8885 Date of Disbursement																			
	Mailing Address P. O. Box 6248	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	8												
	City Sioux Falls State SD Zip Code 57117	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Computer Server	<table border="1"><tr><td>155.40</td></tr></table>	155.40																		
155.40																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

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

1918.90
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TOTAL This Period (last page this line number only) .....

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**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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Choice Visa <hr/> Mailing Address P. O. Box 6248 <hr/> City Sioux Falls State SD Zip Code 57117 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8890 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 330.66
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Choice Visa <hr/> Mailing Address P. O. Box 6248 <hr/> City Sioux Falls State SD Zip Code 57117 <hr/> Purpose of Disbursement Computer Server Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8948 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 25.90
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Congressional Federal Credit Union Visa <hr/> Mailing Address 15 Independence Avenue, SW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8778 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1725.25
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type

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

**2081.81**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Elijah Cummings  Mailing Address 2014 Madison  City Baltimore State MD Zip Code 21217  Purpose of Disbursement Mileage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8731 Date of Disbursement 07 / 03 / 2008  Amount of Each Disbursement this Period 143.67  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Elijah Cummings  Mailing Address 2014 Madison  City Baltimore State MD Zip Code 21217  Purpose of Disbursement Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8732 Date of Disbursement 07 / 03 / 2008  Amount of Each Disbursement this Period 40.40  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Elijah Cummings  Mailing Address 2014 Madison  City Baltimore State MD Zip Code 21217  Purpose of Disbursement Mileage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8754 Date of Disbursement 08 / 04 / 2008  Amount of Each Disbursement this Period 131.80  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

315.87

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Doubletree Inn at the Colonnade

Mailing Address 4 W. University Parkway

City Baltimore State MD Zip Code 21218

Purpose of Disbursement  
Hall Rental

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8738

Date of Disbursement

07 / 11 / 2008

Amount of Each Disbursement this Period

1460.80

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Joyce Farrington

Mailing Address 5903 Bland Avenue

City Baltimore State MD Zip Code 21215

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8755

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

103.51

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Joyce Farrington

Mailing Address 5903 Bland Avenue

City Baltimore State MD Zip Code 21215

Purpose of Disbursement  
Scholarship Processing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8756

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

1764.31

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Harbor Bank  Mailing Address 25 W. Fayette Street  City Baltimore State MD Zip Code 21201  Purpose of Disbursement Printing & Duplication Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8953 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8  Amount of Each Disbursement this Period 61.10  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Harbor Bank  Mailing Address 25 W. Fayette Street  City Baltimore State MD Zip Code 21201  Purpose of Disbursement Bank Charge Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8956 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8  Amount of Each Disbursement this Period 5.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Harbor Bank  Mailing Address 25 W. Fayette Street  City Baltimore State MD Zip Code 21201  Purpose of Disbursement Bank Charge Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8960 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 8  Amount of Each Disbursement this Period 35.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

101.10

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Harbor Bank Mailing Address 25 W. Fayette Street City Baltimore State MD Zip Code 21201 Purpose of Disbursement Bank Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8961 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Image Impact, Inc. Mailing Address 2828 Cox Neck Rd City Chester State MD Zip Code 21619 Purpose of Disbursement Printing & Duplication Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8904 Date of Disbursement 09 / 24 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Jennifer Kohl Mailing Address 3015 Legation St., NW City Washington State DC Zip Code 20015 Purpose of Disbursement Public Relations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8773 Date of Disbursement 08 / 20 / 2008 Amount of Each Disbursement this Period 875.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1880.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Kohl</p> <p>Mailing Address 3015 Legation St., NW</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Reimbursement - travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8903</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.71"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MasterCard</p> <p>Mailing Address P. O. Box 44167</p> <p>City Jacksonville State FL Zip Code 32231</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8887</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="445.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MasterCard</p> <p>Mailing Address P. O. Box 44167</p> <p>City Jacksonville State FL Zip Code 32231</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8949</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="237.21"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="832.92"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# 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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Otis Warren/Svatos Real Estate  Mailing Address 10 S. Howard Street  City Baltimore State MD Zip Code 21201  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8746 Date of Disbursement 07 / 29 / 2008  Amount of Each Disbursement this Period 633.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Otis Warren/Svatos Real Estate  Mailing Address 10 S. Howard Street  City Baltimore State MD Zip Code 21201  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8780 Date of Disbursement 08 / 27 / 2008  Amount of Each Disbursement this Period 633.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Otis Warren/Svatos Real Estate  Mailing Address 10 S. Howard Street  City Baltimore State MD Zip Code 21201  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.8910 Date of Disbursement 09 / 29 / 2008  Amount of Each Disbursement this Period 633.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1899.00**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8955 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="247.10"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type

B.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8957 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Fees	<input type="text" value="48.48"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type

C.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8958 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Salaries	<input type="text" value="907.78"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1203.36"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8959 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="437.85"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8962 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Salaries	<input type="text" value="560.28"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8963 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="08"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="247.10"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1245.23"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8964 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Fees	<input type="text" value="158.44"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8966 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Salaries	<input type="text" value="560.28"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8967 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="247.10"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="965.82"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) PayChex Payroll</p> <p>Mailing Address 700 Red Brook Blvd, Suite 200</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8968</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 247.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PayChex Payroll</p> <p>Mailing Address 700 Red Brook Blvd, Suite 200</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8969</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 560.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PayChex Payroll</p> <p>Mailing Address 700 Red Brook Blvd, Suite 200</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8970</p> <p>Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 48.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

855.86

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8971 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="247.10"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8972 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Salaries	<input type="text" value="560.28"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PayChex Payroll	Transaction ID: SB17.8973 Date of Disbursement
	Mailing Address 700 Red Brook Blvd, Suite 200	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Salaries	<input type="text" value="560.28"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1367.66"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 900 E. Fayette Street  City Baltimore State MD Zip Code 21284 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8772 Date of Disbursement 08 / 19 / 2008  Amount of Each Disbursement this Period 42.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 900 E. Fayette Street  City Baltimore State MD Zip Code 21284 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8884 Date of Disbursement 09 / 01 / 2008  Amount of Each Disbursement this Period 4.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 900 E. Fayette Street  City Baltimore State MD Zip Code 21284 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8902 Date of Disbursement 09 / 12 / 2008  Amount of Each Disbursement this Period 86.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

132.32

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 900 E. Fayette Street</p> <p>City Baltimore State MD Zip Code 21284</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8947</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 210.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rankin Security Protection Services</p> <p>Mailing Address 9101 Feldbank Drive</p> <p>City Charlotte State NC Zip Code 28216</p> <p>Purpose of Disbursement Security services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8886</p> <p>Date of Disbursement 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rankin Security Protection Services</p> <p>Mailing Address 9101 Feldbank Drive</p> <p>City Charlotte State NC Zip Code 28216</p> <p>Purpose of Disbursement Security services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8950</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2160.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Vernon Simms	Transaction ID: SB17.8769 Date of Disbursement 08 / 15 / 2008
	Mailing Address 2402 Lawnwood Circle	Amount of Each Disbursement this Period 8.82
	City Baltimore State MD Zip Code 21207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Vernon Simms	Transaction ID: SB17.8882 Date of Disbursement 09 / 01 / 2008
	Mailing Address 2402 Lawnwood Circle	Amount of Each Disbursement this Period 40.00
	City Baltimore State MD Zip Code 21207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement - supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Vernon Simms	Transaction ID: SB17.8883 Date of Disbursement 09 / 01 / 2008
	Mailing Address 2402 Lawnwood Circle	Amount of Each Disbursement this Period 1666.68
	City Baltimore State MD Zip Code 21207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1715.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples Office Supplies</p> <p>Mailing Address 1504 Reisterstown Rd</p> <p>City Pikesville State MD Zip Code 21208</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8757</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 62.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Staples Office Supplies</p> <p>Mailing Address 1504 Reisterstown Rd</p> <p>City Pikesville State MD Zip Code 21208</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8878</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 143.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ronald Thompson</p> <p>Mailing Address P. O. Box 1631</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Treasury Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8737</p> <p>Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**705.87**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Ronald Thompson

Transaction ID: SB17.8747  
Date of Disbursement

Mailing Address P. O. Box 1631

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	8

City Baltimore State MD Zip Code 21203

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement

Treasury Services

Category/ Type
-------------------

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Ronald Thompson

Transaction ID: SB17.8781  
Date of Disbursement

Mailing Address P. O. Box 1631

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	8

City Baltimore State MD Zip Code 21203

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement

Treasury Services

Category/ Type
-------------------

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Ronald Thompson

Transaction ID: SB17.8911  
Date of Disbursement

Mailing Address P. O. Box 1631

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

City Baltimore State MD Zip Code 21203

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement

Treasury Services

Category/ Type
-------------------

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

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

2250.00
---------

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

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# 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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Twenty-First Century Group <hr/> Mailing Address 434 New Jersey Ave, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Hall Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8762 Date of Disbursement 08 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 1750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address P O Box 17577 <hr/> City Baltimore State MD Zip Code 21297 <hr/> Purpose of Disbursement Utility Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8743 Date of Disbursement 07 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 408.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address P O Box 17577 <hr/> City Baltimore State MD Zip Code 21297 <hr/> Purpose of Disbursement Utility Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8760 Date of Disbursement 08 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 411.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2569.47

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 70

<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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: SB17.8898  
Date of Disbursement

Mailing Address P O Box 17577

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

City Baltimore State MD Zip Code 21297

Amount of Each Disbursement this Period

409.27
--------

Purpose of Disbursement  
Utilities

--

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: SB17.8909  
Date of Disbursement

Mailing Address P O Box 17577

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

City Baltimore State MD Zip Code 21297

Amount of Each Disbursement this Period

411.26
--------

Purpose of Disbursement  
Utilities

--

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Transaction ID: SB17.8744  
Date of Disbursement

Mailing Address P. O. Box 17464

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	8

City Baltimore State MD Zip Code 21297

Amount of Each Disbursement this Period

516.82
--------

Purpose of Disbursement  
Utility

--

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

1337.35
---------

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

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# 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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB17.8761 Date of Disbursement																			
	Mailing Address P. O. Box 17464	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	0	8												
	City Baltimore State MD Zip Code 21297	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Utility	<table border="1"><tr><td>313.33</td></tr></table>	313.33																		
313.33																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	Category/Type																			

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB17.8779 Date of Disbursement																			
	Mailing Address P. O. Box 17464	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	2		2	0	0	8												
	City Baltimore State MD Zip Code 21297	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Utility	<table border="1"><tr><td>317.95</td></tr></table>	317.95																		
317.95																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	Category/Type																			

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB17.8899 Date of Disbursement																			
	Mailing Address P. O. Box 17464	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	8												
	City Baltimore State MD Zip Code 21297	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Utilities	<table border="1"><tr><td>595.86</td></tr></table>	595.86																		
595.86																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	Category/Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1227.14</td></tr></table>	1227.14
1227.14		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Wingate by Wyndham - Denver Tech Center

Mailing Address 8000 E. Parview Ave

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8891

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

956.73

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Darryl Yates

Mailing Address 5430 Fourth Street, NW, Apt 2

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Training

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.8739

Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

486.11

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

1442.84

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

36471.28

**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 63 / 70

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

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 West Dixie Highway

City State Zip Code  
Dania Beach FL 33004

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB20C.8745

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	8

Amount of Each Disbursement this Period

1500.00
---------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

1500.00

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) American Urological Association Foundation Mailing Address 2 Park Center Ct, Ste 1 City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.8765 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 356.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) Catonsville Celebration Committee Mailing Address P. O. Box 21074 City Catonsville State MD Zip Code 21228 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.8735 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) CENTRAL BALTIMORE COUNTY DEMOCRATIC CL Mailing Address 120 W SEMINARY AVE City BALTIMORE State MD Zip Code 21093 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.8888 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1106.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Committee To Re-Elect Ed Towns

Mailing Address 360 Clinton Ave., Ste. 2T

City State Zip Code  
New York NY 11238

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.8759  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Congressional Black Caucus Fondation

Mailing Address 430 S. Capitol, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.8900  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
DAN SEALS FOR CONGRESS

Mailing Address PO BOX 784

City State Zip Code  
GLENVIEW IL 60025

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Transaction ID: SB21.8742  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Department of Treasury	Transaction ID: SB21.8750 Date of Disbursement 07 / 29 / 2008
	Mailing Address	Amount of Each Disbursement this Period 281.74
	City Ogden State UT Zip Code 84201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Tax Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Fuel Fund of Maryland, Inc.	Transaction ID: SB21.8907 Date of Disbursement 09 / 25 / 2008
	Mailing Address 305 W. Chesapeake Ave Suite 115	Amount of Each Disbursement this Period 2500.00
	City Towson State MD Zip Code 21204	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOWARD COUNTY DEMOCRATIC CENTRAL COMMITTEE	Transaction ID: SB21.8741 Date of Disbursement 07 / 16 / 2008
	Mailing Address 6289 LOVEKNOT PLACE	Amount of Each Disbursement this Period 1500.00
	City COLUMBIA State MD Zip Code 21045	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4281.74</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>HOWARD COUNTY DEMOCRATIC CENTRAL COMMITTEE</b>	<b>Transaction ID:</b> SB21.8893 Date of Disbursement 09 / 07 / 2008	
	Mailing Address 6289 LOVEKNOT PLACE		
	City COLUMBIA State MD Zip Code 21045	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement Donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Maryland Democratic Party</b>	<b>Transaction ID:</b> SB21.8736 Date of Disbursement 07 / 16 / 2008	
	Mailing Address 188 Main Street, Suite 1		
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement Donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>Maryland Democratic Party</b>	<b>Transaction ID:</b> SB21.8775 Date of Disbursement 08 / 20 / 2008	
	Mailing Address 188 Main Street, Suite 1		
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period	27000.00
	Purpose of Disbursement Donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>34500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Maryland Democratic Party

Mailing Address 188 Main Street, Suite 1

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.8782  
Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

1800.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Maryland Democratic Party

Mailing Address 188 Main Street, Suite 1

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.8895  
Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

10000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Maryland Democratic Party

Mailing Address 188 Main Street, Suite 1

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.8901  
Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

14200.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Maryland Democratic Party

Mailing Address 188 Main Street, Suite 1

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.8906  
Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
NANCY BOYDA FOR CONGRESS

Mailing Address PO Box 1474

City Topeka State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Transaction ID: SB21.8951  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
National Democratic Club

Mailing Address 30 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Dues

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.8894  
Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

23.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1923.38

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
NIKKI TINKER FOR CONGRESS

Mailing Address P. O. Box 171285

City Memphis State TN Zip Code 38187

Purpose of Disbursement  
Dontation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TN District: 09

Transaction ID: SB21.8733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	0	8

Amount of Each Disbursement this Period

500.00
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

500.00

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

67261.12