

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
DONNA EDWARDS FOR CONGRESS

ADDRESS (number and street) P.O. Box 441153
 Check if different than previously reported. (ACC)
FORT WASHINGTON MD 20749

2. **FEC IDENTIFICATION NUMBER** C00422964
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MD 04

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 08 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 Janice Edwards

Signature of Treasurer Electronically Filed by Janice Edwards Date 01 06 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DONNA EDWARDS FOR CONGRESS

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	58754.64	1378970.35
(b) Total Contribution Refunds (from Line 20(d)).....	14.29	604.29
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	58740.35	1378366.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	95568.88	1331439.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	470.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	95568.88	1330969.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	47423.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	10020.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
DONNA EDWARDS FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	8

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	20044.43	691785.14
(i) Itemized (use Schedule A).....	10586.40	422703.40
(ii) Unitemized.....	30630.83	1114488.54
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	28123.81	264481.81
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	58754.64	1378970.35
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	470.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	58754.64	1379440.35

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	95568.88	1331439.86
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.....	14.29	604.29
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	14.29	604.29
21. OTHER DISBURSEMENTS.....	15500.00	15500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	111083.17	1347544.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	99752.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	58754.64
25. SUBTOTAL (add Line 23 and Line 24).....	158506.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	111083.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	47423.69

**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 / 77
	<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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Nancy Anderson		Date of Receipt
	Mailing Address 47 Sturdivant Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 18 / 2008
	City	State	Zip Code
	Cumberland Foresid	ME	04110
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39897
Name of Employer Counselor		Occupation Not Employed	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"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Michael Arrington		Date of Receipt
	Mailing Address 6507 Grainger Terrace		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2008
	City	State	Zip Code
	Upper Marlboro	MD	20772
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40458
Name of Employer Capital Legislative Solutions		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"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Joy Austin-Lane		Date of Receipt
	Mailing Address 7216 Spruce Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 12 / 2008
	City	State	Zip Code
	Takoma Park	MD	20912
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40097
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"/> 50.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL 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 6 / 77
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Marcos Barron		Date of Receipt
	Mailing Address 3409 Strongs Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 21 / 2008
	City	State	Zip Code
	Marina del Rey	CA	90292
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39697
Name of Employer Terry Hines Ass		Occupation PR	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Carol Barthel		Date of Receipt
	Mailing Address 2905 Cheverly Oaks Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 13 / 2008
	City	State	Zip Code
	Cheverly	MD	20785
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40377
Name of Employer US Department of Justice		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Heather Bernard		Date of Receipt
	Mailing Address 3310 Denton Place NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 13 / 2008
	City	State	Zip Code
	Washington	DC	20007
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40135
Name of Employer American Council on Educa- tion		Occupation College Advisor to Wounded Veterans	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 50.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1150.00
TOTAL 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 7 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bonnie Bick

Mailing Address 7601 Oxon Hill Road

City Oxon Hill State MD Zip Code 20715

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

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

450.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2008

Transaction ID: SA11AI.39721

Amount of Each Receipt this Period 50.00

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

B. Full Name (Last, First, Middle Initial)
Felix Boccadoro

Mailing Address 5306 Brookeway Drive

City Bethesda State MD Zip Code 20816

FEC ID number of contributing federal political committee. C

Name of Employer Thales Communications, Inc. Occupation Director, Bus. Dev. & Legisl. Affairs

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

500.00

Date of Receipt MM / DD / YYYY
09 / 22 / 2008

Transaction ID: SA11AI.40487

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)
Thelma Boyd

Mailing Address 6202 State Street

City Cheverly State MD Zip Code 20785

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

500.00

Date of Receipt MM / DD / YYYY
09 / 13 / 2008

Transaction ID: SA11AI.40351

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) 800.00

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 8 / 77
	<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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Karen Britto	Date of Receipt MM / DD / YYYY 07 / 17 / 2008
	Mailing Address 4515 Willard Avenue Apt. 1612-S	Transaction ID: SA11AI.40095
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 300.00
	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 Detroit Edison Lobbyist	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00

B.	Full Name (Last, First, Middle Initial) Vivian Buckingham	Date of Receipt MM / DD / YYYY 07 / 13 / 2008
	Mailing Address 12203 Ashley Court	Transaction ID: SA11AI.40125
	City State Zip Code Manassas VA 20112	Amount of Each Receipt this Period 50.00
	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 Earth Day Network Lawyer	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00

C.	Full Name (Last, First, Middle Initial) Nancy Burton	Date of Receipt MM / DD / YYYY 09 / 07 / 2008
	Mailing Address 325 West 85th Street	Transaction ID: SA11AI.39799
	City State Zip Code New York NY 10024	Amount of Each Receipt this Period 20.00
	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 Metropolitan Montessori School Teacher	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00

SUBTOTAL of Receipts This Page (optional)	370.00
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 9 / 77
	<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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) David Byrd	Date of Receipt MM / DD / YYYY 09 / 22 / 2008
	Mailing Address 6326 Chew Road	Transaction ID: SA11AI.40460
	City State Zip Code Upper Marlboro MD 20772	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 Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

B.	Full Name (Last, First, Middle Initial) Viola Caldwell	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 1126 Harvard Road	Transaction ID: SA11AI.40104
	City State Zip Code Waldorf MD 20602	Amount of Each Receipt this Period 50.00
	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 Retired Guidance Counselor Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00

C.	Full Name (Last, First, Middle Initial) Marilyn Chatman	Date of Receipt MM / DD / YYYY 09 / 16 / 2008
	Mailing Address 12 Battersea Lane	Transaction ID: SA11AI.40438
	City State Zip Code Ft. Washington MD 20744	Amount of Each Receipt this Period 300.00
	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 Mychat Consulting President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00

SUBTOTAL of Receipts This Page (optional)	1350.00
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 10 / 77
(check only one)

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

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Linda Cooper</p> <p>Mailing Address 567 Mockingbird Way</p> <p>City Warrington State PA Zip Code 18976</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer _____ Occupation _____</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 ▼ 2300.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.40478</p> <p>Amount of Each Receipt this Period 2300.00 </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	1	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9	/	2	1	/	2	0	0	8												

<p>B. Full Name (Last, First, Middle Initial) Sinclair Cooper</p> <p>Mailing Address 567 Mockingbird Way</p> <p>City Warrington State PA Zip Code 18976</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Falcon Properties Occupation President</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 ▼ 2300.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.40476</p> <p>Amount of Each Receipt this Period 2300.00 </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	1	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9	/	2	1	/	2	0	0	8												

<p>C. Full Name (Last, First, Middle Initial) Neeta Dat</p> <p>Mailing Address 15204 Birmingham Drive</p> <p>City Burtonsville State MD Zip Code 20866</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer _____ Occupation _____</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 ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.40098</p> <p>Amount of Each Receipt this Period 50.00 </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	3	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7	/	1	3	/	2	0	0	8												

SUBTOTAL of Receipts This Page (optional)	4650.00
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 11 / 77
	<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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Lincoln Day		Date of Receipt
	Mailing Address 2124 Newport Place NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 08 / 2008
	City	State	Zip Code
	Washington	DC	20037
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39861
Name of Employer Retired		Occupation Retired	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"/> 150.00
		<input type="text"/> 350.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Kenneth Deed		Date of Receipt
	Mailing Address 657 Heritage Village # A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Southbury	CT	06488
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39722
Name of Employer None		Occupation Not Employed	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"/> 25.00
		<input type="text"/> 225.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Margaret Dennis		Date of Receipt
	Mailing Address 11115 Fawsett Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2008
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40340
Name of Employer Self		Occupation Homemaker	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)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 675.00
TOTAL 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 12 / 77
(check only one)

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

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Charles Divine

Mailing Address 7059 Palamar Turn

City Lanham State MD Zip Code 20706

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

Name of Employer Self Occupation Software Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.40430

Amount of Each Receipt this Period 100.00

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

B.

Full Name (Last, First, Middle Initial)
Michael Dreebin

Mailing Address 12107 Stanwood Dr.

City Los Angeles State CA Zip Code 90066

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

Name of Employer Retired Occupation elementary teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2008

Transaction ID: SA11AI.40342

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Timothy Eastman

Mailing Address 1225 Edgevale Road

City Silver Spring State MD Zip Code 20910

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

Name of Employer Perot Systems Occupation Physicist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 248.00

Date of Receipt 07 / 31 / 2008

Transaction ID: SA11AI.39733

Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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 13 / 77
	<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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Randall Echols		Date of Receipt
	Mailing Address 1906 Southwood Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2008
	City	State	Zip Code
	Mitchellville	MD	20721
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40472
Name of Employer Self		Occupation	Amount of Each Receipt this Period
		Business Owner	<input type="text"/> 1000.00
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="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Veronica Eligan		Date of Receipt
	Mailing Address 11925 St. Francis Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 13 / 2008
	City	State	Zip Code
	Mitchellville	MD	20721
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40127
Name of Employer US House of Rep		Occupation	Amount of Each Receipt this Period
		Staff Member	<input type="text"/> 50.00
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="text"/> 350.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) William Ewing		Date of Receipt
	Mailing Address 510 E. Mt. Pleasant Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 13 / 2008
	City	State	Zip Code
	Philadelphia	PA	19119
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40382
Name of Employer None		Occupation	Amount of Each Receipt this Period
		Lawyer	<input type="text"/> 50.02
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="text"/> 275.02	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.02
TOTAL 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 14 / 77
(check only one)

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

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Edward Fallon

Mailing Address 6700 Belcrest Road
Apt 921

City Hyattsville State MD Zip Code 20782

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

Name of Employer NCBA Occupation Social Science Analyst

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.39764

Amount of Each Receipt this Period 50.00

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

B.

Full Name (Last, First, Middle Initial)
George Fettus, III

Mailing Address 3001 Merrydale Drive

City Upper Marlboro State MD Zip Code 20772-7733

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

Name of Employer Kaiser Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 07 / 13 / 2008

Transaction ID: SA11AI.40143

Amount of Each Receipt this Period 50.00

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

C.

Full Name (Last, First, Middle Initial)
Janice Fisher

Mailing Address 112 68th Place

City Seat Pleasant State MD Zip Code 20743

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

Name of Employer CDCFC Occupation Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2008

Transaction ID: SA11AI.40115

Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 15 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Laurence Garthe

Mailing Address 15716 Allnutt Lane

City State Zip Code
Burtonsville MD 20866

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

Name of Employer Occupation
None Not Employed

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2008

Transaction ID: SA11AI.39745

Amount of Each Receipt this Period
100.00

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

271.00

B. Full Name (Last, First, Middle Initial)
Jean Godwin

Mailing Address 1213 Independence Avenue SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
American Assoc of Port Au- thor Attorney

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2008

Transaction ID: SA11AI.40128

Amount of Each Receipt this Period
100.00

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

400.00

C. Full Name (Last, First, Middle Initial)
Roy Graves

Mailing Address 387 Rexburg Avenue

City State Zip Code
Fort Washington MD 20744

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

Name of Employer Occupation
1 Force Gov Solutions President

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: SA11AI.39720

Amount of Each Receipt this Period
50.00

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

650.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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 16 / 77
	<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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thurman Gray

Mailing Address 3607 Cara Drive

City State Zip Code
Upper Marlboro MD 20774

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2008

Transaction ID: SA11AI.40113

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Carol Gunby

Mailing Address 972 Katherine Court

City State Zip Code
San Jose CA 95126

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

Name of Employer Occupation
Google Web Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2008

Transaction ID: SA11AI.39843

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)
Mike Guyot

Mailing Address 1508 S. Greeley Hwy #21

City State Zip Code
Cheyenne WV 82007

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

Name of Employer Occupation
Sierra Trading Post Warehouse

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2008

Transaction ID: SA11AI.39694

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 17 / 77
	<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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Lee Halprin		Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 104 Irving Street		Transaction ID: SA11AI.40163
	City Cambridge	State MA	Zip Code 02138
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Writer	<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		

B.	Full Name (Last, First, Middle Initial) Denise Hamler		Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address 3714 37th Avenue		Transaction ID: SA11AI.40426
	City Brentwood	State MD	Zip Code 20722
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer	Occupation	<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 ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Clareen Heikal		Date of Receipt MM / DD / YYYY 09 / 13 / 2008
	Mailing Address 3117 Laurel Avenue		Transaction ID: SA11AI.40353
	City Cheverly	State MD	Zip Code 20785
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Retired	Occupation Physical Therapy	<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 ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	800.00
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 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michaela Johnson

Mailing Address 1214 Noyes Drive

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Episcopal Church Retired Clergy

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

Date of Receipt

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

Transaction ID: SA11AI.39771

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Michaela Johnson

Mailing Address 1214 Noyes Drive

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Episcopal Church Retired Clergy

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	1		2	0	0	8

Transaction ID: SA11AI.39840

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Charles Jones, Sr.

Mailing Address 6707 Arlene Drive

City State Zip Code
Capitol Heights MD 20743

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

Date of Receipt

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

Transaction ID: SA11AI.40431

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) 200.00

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 19 / 77

(check only one)

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

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Anna Karavangelos

Mailing Address 26 Maryland Park Drive

City Maryland Park State MD Zip Code 20743

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

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

Transaction ID: SA11AI.40105

Amount of Each Receipt this Period 25.00

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

B.

Full Name (Last, First, Middle Initial)
Ellen Liversidge

Mailing Address 8722 Manchester Road #1

City Silver Spring State MD Zip Code 20901

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
None None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: SA11AI.39730

Amount of Each Receipt this Period 50.00

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

C.

Full Name (Last, First, Middle Initial)
Mark Mellon

Mailing Address 210 Patterson Street

City Falls Church State VA Zip Code 22046

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
FDIC Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: SA11AI.39718

Amount of Each Receipt this Period 25.00

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

SUBTOTAL of Receipts This Page (optional) 100.00

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 20 / 77

(check only one)

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

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Vernice Miller-Travis

Mailing Address 104 Jewett Place

City State Zip Code
Bowie MD 20721

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Groundwork USA Executive Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2008

Transaction ID: SA11AI.40126

Amount of Each Receipt this Period
50.00

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

B.

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

Mailing Address 355 50th Street

City State Zip Code
Oakland CA 94609

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pee't's Coffee & Tea Quality Assurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2008

Transaction ID: SA11AI.39787

Amount of Each Receipt this Period
20.00

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

C.

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

Mailing Address 355 50th Street

City State Zip Code
Oakland CA 94609

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pee't's Coffee & Tea Quality Assurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2008

Transaction ID: SA11AI.39856

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) 90.00

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 21 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ralph Neas

Mailing Address 4804 Newport Avenue

City State Zip Code
Bethesda MD 20816

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

Name of Employer: People for an American Way
Occupation: Chair

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.40081
Amount of Each Receipt this Period: 100.00

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

B. Full Name (Last, First, Middle Initial)
Charles Neidich

Mailing Address 200 Cabrini Blvd

City State Zip Code
New York NY 10033

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

Name of Employer: Self
Occupation: Musician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: SA11AI.39732
Amount of Each Receipt this Period: 100.00

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

C. Full Name (Last, First, Middle Initial)
Mark Obrinsky

Mailing Address 4517 West Virginia Ave.

City State Zip Code
Bethesda MD 20814

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

Name of Employer: NMHC
Occupation: Economist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 950.00

Date of Receipt: 09 / 10 / 2008
Transaction ID: SA11AI.39812
Amount of Each Receipt this Period: 100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 22 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Aimee Olivo
Mailing Address 3013 Parkway
City Cheverly State MD Zip Code 20785-3154
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 06 / 2008
Transaction ID: SA11AI.40485
Amount of Each Receipt this Period 50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Steven Palmer
Mailing Address 5827 N. 27th Street
City Arlington State VA Zip Code 22207
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 08 / 2008
Transaction ID: SA11AI.40350
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)
Georgene Pasarell
Mailing Address 369B 3rd Street #234
City San Rafael State CA Zip Code 94901
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 357.14
Date of Receipt 09 / 19 / 2008
Transaction ID: SA11AI.40025
Amount of Each Receipt this Period 357.14
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 907.14
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: PAGE 23 / 77

(check only one)

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

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Colin Reed

Mailing Address 801 N. Curtiswood Lane

City Nashville State TN Zip Code 37204

FEC ID number of contributing federal political committee. C

Name of Employer Gaylord Entertainment Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2008

Transaction ID: SA11AI.40474

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)
Maida Schifter

Mailing Address 1606 Belvedere Blvd

City Silver Spring State MD Zip Code 20902

FEC ID number of contributing federal political committee. C

Name of Employer The Urban Institute Occupation Sr. Project Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt 07 / 13 / 2008

Transaction ID: SA11AI.40096

Amount of Each Receipt this Period 50.00

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

C.

Full Name (Last, First, Middle Initial)
Maida Schifter

Mailing Address 1606 Belvedere Blvd

City Silver Spring State MD Zip Code 20902

FEC ID number of contributing federal political committee. C

Name of Employer The Urban Institute Occupation Sr. Project Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1550.00

Date of Receipt 08 / 21 / 2008

Transaction ID: SA11AI.40341

Amount of Each Receipt this Period 150.00

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

SUBTOTAL of Receipts This Page (optional) 1200.00

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 24 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Steven Schwadron

Mailing Address 1409 Woodside Parkway

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Sher & Blackwell, LLP Government Relations

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

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

Transaction ID: SA11AI.39669

Amount of Each Receipt this Period
375.00

In-kind - Postage, Food & Beverage
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Stephen Shaff

Mailing Address 3605 Perry Street

City State Zip Code
Mount Rainier MD 20712-2143

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Community-Vision Consultants Community-Developer

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2008

Transaction ID: SA11AI.40389

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Edward Shaffer

Mailing Address 300 Sourwood Court

City State Zip Code
Millersville MD 21108

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
None Retired

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2008

Transaction ID: SA11AI.39777

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) 525.00

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 25 / 77
	<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)
DONNA EDWARDS FOR CONGRESS

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

Mailing Address 906 E. Capitol Street NE

City Washington State DC Zip Code 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 ▼ 500.00

Date of Receipt: 09 / 02 / 2008
Transaction ID: SA11AI.40435
 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)
Dennis Smith

Mailing Address 1102 Fiji Avenue

City Landover State MD Zip Code 20785

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

Name of Employer Self Occupation Small Business Specialist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 07 / 13 / 2008
Transaction ID: SA11AI.40131
 Amount of Each Receipt this Period: 50.00

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

C. Full Name (Last, First, Middle Initial)
Reuben Snipper

Mailing Address 705 Erie Avenue

City Takoma Park State MD Zip Code 20912

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

Name of Employer U.S. Dept of Health & Human Services Occupation Statistician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1290.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: SA11AI.39726
 Amount of Each Receipt this Period: 50.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 / 77
(check only one)

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

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) David Sonneborn		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 1183 Navarro Place		Transaction ID: SA11AI.39727
City Orange	State CA	Zip Code 92869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None-Emeritus Professor	Occupation Volunteer Biology Researcher	<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 ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) Nicholas Stoller		Date of Receipt MM / DD / YYYY 09 / 23 / 2008
Mailing Address 344 S. Citrus Avenue		Transaction ID: SA11AI.39847
City Los Angeles	State CA	Zip Code 90036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 227.27
Name of Employer self	Occupation Self Employed	<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 ▼ 227.27	

C.

Full Name (Last, First, Middle Initial) John Sullivan		Date of Receipt MM / DD / YYYY 09 / 13 / 2008
Mailing Address 3022 Crest Avenue		Transaction ID: SA11AI.40352
City Cheverly	State MD	Zip Code 20785
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Buyers Edge	Occupation Buyers Agent	<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 ▼ 372.95	

SUBTOTAL of Receipts This Page (optional)	427.27
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 27 / 77
	<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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Randy Taylor		Date of Receipt MM / DD / YYYY 09 / 16 / 2008
	Mailing Address 21779 Congress Springs Lane		Transaction ID: SA11AI.39826
	City Saratoga	State CA	Zip Code 95070
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Investor	Occupation Self	<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 ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Edward Terry		Date of Receipt MM / DD / YYYY 09 / 13 / 2008
	Mailing Address 6011 Forest Road		Transaction ID: SA11AI.40409
	City Cheverly	State MD	Zip Code 20785
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Caplin & Drysdale	Occupation Network Administrator	<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 ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) Dieter Thigpen		Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 6932 Fort Foote Road		Transaction ID: SA11AI.40427
	City Fort Washington	State MD	Zip Code 20744
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Federal Aviation Administration	Occupation Engineer	<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 ▼ 3800.00		

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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 / 77

(check only one)

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

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Peter Thomas

Mailing Address 19018 Corliss Avenue N

City Shoreline State WA Zip Code 98133

FEC ID number of contributing federal political committee. C

Name of Employer Peter Thomas Phd PC Occupation Psychologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 285.08

Date of Receipt 07 / 08 / 2008

Transaction ID: SA11AI.40174

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)
David Thorpe

Mailing Address 9 Cheverly Circle

City Cheverly State MD Zip Code 20785

FEC ID number of contributing federal political committee. C

Name of Employer Managed Objects Occupation Software Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI.40396

Amount of Each Receipt this Period 50.00

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

C.

Full Name (Last, First, Middle Initial)
Elizabeth Varet

Mailing Address 666 Third Avenue
29th Floor

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. C

Name of Employer Investor Occupation Self Employed

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2008

Transaction ID: SA11AI.39805

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) 800.00

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 / 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Michael Varet		Date of Receipt
	Mailing Address 666 Third Avenue 29th Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2008
	City	State	Zip Code
	New York	NY	10017
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39807
Name of Employer DLA Piper LLP (US)		Occupation Lawyer	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="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

B.	Full Name (Last, First, Middle Initial) Greg Williams		Date of Receipt
	Mailing Address 11713 Whittier Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2008
	City	State	Zip Code
	Mitchellville	MD	20721
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40439
Name of Employer The Marzell Group		Occupation HR Consultant	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"/> 1100.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

C.	Full Name (Last, First, Middle Initial) Lisa Williams-Payton		Date of Receipt
	Mailing Address 14207 Governor Lee Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 13 / 2008
	City	State	Zip Code
	Upper Marlboro	MD	20772
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40136
Name of Employer Drayton, Drayton & Lamar		Occupation Business Analyst	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"/> 50.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
TOTAL 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 30 / 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Lisa Williams-Payton		Date of Receipt MM / DD / YYYY 09 / 22 / 2008
Mailing Address 14207 Governor Lee Place		Transaction ID: SA11AI.39841
City Upper Marlboro	State MD	Zip Code 20772
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Drayton, Drayton & Lamar	Occupation Business Analyst	<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 ▼ 450.00	

B.

Full Name (Last, First, Middle Initial) Susan J. Wolk		Date of Receipt MM / DD / YYYY 07 / 13 / 2008
Mailing Address 11309 Colebrook Terrace		Transaction ID: SA11AI.40129
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer The Lab School	Occupation Teacher	<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 ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	20044.43

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 Massachusetts Ave. NW
8th Floor

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

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
0 9 / 2 2 / 2 0 0 8

Transaction ID: SA11C.40510

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)
AMERICAN FEDERATION OF TEACHERS AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 New Jersey Avenue NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

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 2 / 2 0 0 8

Transaction ID: SA11C.40508

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN PODIATRIC MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 9312 Old Georgetown Road

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

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
0 9 / 1 0 / 2 0 0 8

Transaction ID: SA11C.40503

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) ► **8500.00**

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 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BAKERY, CONFECTIONERY, TOBACCO WORKERS AND GRAIN MILLERS INTERNATIONAL UNION

Mailing Address 10401 Connecticut Avenue

City State Zip Code
Kensington MD 20895

FEC ID number of contributing federal political committee. **C** C00127621

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
09 / 18 / 2008

Transaction ID: SA11C.40492

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)
BUSPAC-POLITICAL ACTION COMMITTEE OF THE AMERICAN BUS ASSOCIATION

Mailing Address 1100 New York Avenue NW
NO 1050

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00004879

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
09 / 08 / 2008

Transaction ID: SA11C.40496

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)
COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 Third Street, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002089

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
09 / 05 / 2008

Transaction ID: SA11C.40494

Amount of Each Receipt this Period
5000.00

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 33 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND
 Mailing Address 322 4TH STREET NW
 City WASHINGTON State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C** C00387555
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 23.81
 Date of Receipt 09 / 30 / 2008
Transaction ID: SA11C.39674
 Amount of Each Receipt this Period 23.81
 In-kind - Contributions Processing
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Democratic Club of Riderwood
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 100.00
 Date of Receipt 07 / 23 / 2008
Transaction ID: SA11C.40499
 Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION
 Mailing Address 1750 New York Ave NW
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C00029447
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 6000.00
 Date of Receipt 09 / 15 / 2008
Transaction ID: SA11C.40506
 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) ► 1123.81
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 34 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JSTREETPAC

Mailing Address PO Box 33106

City State Zip Code
Washington DC 20033

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2008

Transaction ID: SA11C.39676

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)
MID-ATLANTIC LABORERS' POLITICAL LEAGUE

Mailing Address 12355 SUNRISE VALLEY DRIVE STE 240

City State Zip Code
RESTON VA 20191

FEC ID number of contributing federal political committee. **C** C00429175

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 17 / 2008

Transaction ID: SA11C.40489

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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFEP)

Mailing Address 606 NORTH WASHINGTON STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00091561

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
 08 / 28 / 2008

Transaction ID: SA11C.40501

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) ► 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: PAGE 35 / 77

(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)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

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
09 / 12 / 2008

Transaction ID: SA11C.40490

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)
NATIONAL LEAGUE OF POSTMASTERS OF THE US POLITICAL ACTION COMMITTEE

Mailing Address 5904 Richmond Hwy Suite 500

City State Zip Code
ALEXANDRIA VA 22303

FEC ID number of contributing federal political committee. **C** C00164152

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
08 / 14 / 2008

Transaction ID: SA11C.39678

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 POSTAL MAIL HANDLERS UNION - DIVISION OF LABORERS' INT'L UNION OF NORTH AMERICA

Mailing Address 905 16th St., NW
Second Floor

City State Zip Code
Washington DC 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

M M / D D / Y Y Y Y
09 / 22 / 2008

Transaction ID: SA11C.40515

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) ▶

5000.00

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 / 77
(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)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1750 H Street NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00107128

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: SA11C.40504

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** C00002840

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
0	9	/	0	8	/	2	0	0	8

Transaction ID: SA11C.40512

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)	3500.00
TOTAL This Period (last page this line number only)	28123.81

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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Jonny Akchin</p> <p>Mailing Address 1525 East 33rd Street</p> <p>City Baltimore State MD Zip Code 21218</p> <p>Purpose of Disbursement Consulting Services - Field Organization</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General</p>	<p>Transaction ID: SB17.40195</p> <p>Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Jonny Akchin</p> <p>Mailing Address 1525 East 33rd Street</p> <p>City Baltimore State MD Zip Code 21218</p> <p>Purpose of Disbursement Consulting Services - Field Organization</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40231</p> <p>Date of Disbursement 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Alamo Rent A Car</p> <p>Mailing Address 6929 North Lakewood Avenue Suite 100</p> <p>City Tulsa State OK Zip Code 74117</p> <p>Purpose of Disbursement Travel - Ground Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40260</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 280.84</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) ▶

3580.84

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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) American Airlines Mailing Address 4333 Amon Carter Boulevard City Fort Worth State TX Zip Code 76155 Purpose of Disbursement Travel - Airfare 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: SB17.40262 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 804.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Airlines Mailing Address 4333 Amon Carter Boulevard City Fort Worth State TX Zip Code 76155 Purpose of Disbursement Travel - Baggage Fees 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: SB17.40263 Date of Disbursement 08 / 22 / 2008 Amount of Each Disbursement this Period 15.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Auburn Quad, Inc. Mailing Address P.O. Box 390728 City Cambridge State MA Zip Code 02139 Purpose of Disbursement Fund Raising Fees 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: SB17.40200 Date of Disbursement 07 / 13 / 2008 Amount of Each Disbursement this Period 5.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

824.81

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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising 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>Transaction ID: SB17.40201</p> <p>Date of Disbursement 07 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 21.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising 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>Transaction ID: SB17.40202</p> <p>Date of Disbursement 07 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 43.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising 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>Transaction ID: SB17.40203</p> <p>Date of Disbursement 08 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 46.19</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) ▶

111.64

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 40 / 77

<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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40204 Date of Disbursement 08 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 9.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40205 Date of Disbursement 08 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 11.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40206 Date of Disbursement 08 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 6.60</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) ▶

27.21

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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising 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>Transaction ID: SB17.40207</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 9.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising 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>Transaction ID: SB17.40208</p> <p>Date of Disbursement 09 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 24.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising 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>Transaction ID: SB17.40209</p> <p>Date of Disbursement 09 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 74.59</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) ▶

108.57

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 42 / 77

<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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40210</p> <p>Date of Disbursement 09 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 33.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fund Raising Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40211</p> <p>Date of Disbursement 09 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 39.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) BB&T Merchant Services</p> <p>Mailing Address P.O. Box 200</p> <p>City Wilson State NC Zip Code 27894-0200</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40337</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 5.00</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) ▶

77.47

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 43 / 77

<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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Bank Fees 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: SB17.40257 Date of Disbursement 07 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 62.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees 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: SB17.40251 Date of Disbursement 07 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 4.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Bank Fees 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: SB17.40254 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 32.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	99.00
TOTAL 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 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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) BB&T Merchant Services</p> <p>Mailing Address P.O. Box 200</p> <p>City Wilson State NC Zip Code 27894-0200</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40250 Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 8.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) BB&T Merchant Services</p> <p>Mailing Address P.O. Box 200</p> <p>City Wilson State NC Zip Code 27894-0200</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40252 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 37.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) BB&T Merchant Services</p> <p>Mailing Address P.O. Box 200</p> <p>City Wilson State NC Zip Code 27894-0200</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40255 Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 64.68</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) ►

110.41

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 45 / 77

<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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Bank Fees 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: SB17.40256 Date of Disbursement 08 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 28.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees 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: SB17.40338 Date of Disbursement 08 / 15 / 2008 <hr/> 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
C.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Bank Fees 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: SB17.40258 Date of Disbursement 08 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 8.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

41.63

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

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)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
BB&T Merchant Services

Transaction ID: SB17.40249
Date of Disbursement

Mailing Address P.O. Box 200

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

City Wilson State NC Zip Code 27894-0200

Amount of Each Disbursement this Period

0.31

Purpose of Disbursement
Credit Card Processing Fees

--

Candidate Name

--

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

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

State: District:

B.

Full Name (Last, First, Middle Initial)
BB&T Merchant Services

Transaction ID: SB17.40253
Date of Disbursement

Mailing Address P.O. Box 200

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

City Wilson State NC Zip Code 27894-0200

Amount of Each Disbursement this Period

37.45

Purpose of Disbursement
Credit Card Processing Fees

--

Candidate Name

--

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

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

State: District:

C.

Full Name (Last, First, Middle Initial)
BB&T Merchant Services

Transaction ID: SB17.40339
Date of Disbursement

Mailing Address P.O. Box 200

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

City Wilson State NC Zip Code 27894-0200

Amount of Each Disbursement this Period

5.00

Purpose of Disbursement
Credit Card Processing Fees

--

Candidate Name

--

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

42.76

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 47 / 77

<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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Chee Chee and Cheeky Sasso Entertainment</p> <p>Mailing Address P.O. Box 1561061</p> <p>City Alexandria State VA Zip Code 22315</p> <p>Purpose of Disbursement Facility Rental & Catering Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40247</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 11068.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Adrienne Christian</p> <p>Mailing Address 511 Four Mile Road</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Consulting Services - Campaign Mgmt</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40234</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 833.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Adrienne Christian</p> <p>Mailing Address 511 Four Mile Road</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Travel - Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40235</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 985.99</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) ▶

12887.99

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

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)
DONNA EDWARDS FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Comfort Inn Central</p> <p>Mailing Address 401 E. 58th Avenue</p> <p>City Denver State CO Zip Code 80216</p> <p>Purpose of Disbursement Travel - Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40265</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 612.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Comfort Inn Central</p> <p>Mailing Address 401 E. 58th Avenue</p> <p>City Denver State CO Zip Code 80216</p> <p>Purpose of Disbursement Travel - Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40266</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 345.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Congressional Black Caucus Foundation, Inc.</p> <p>Mailing Address 1720 Massachusetts Avenue NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Sponsorship</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40245</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 8000.00</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)	8958.14
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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road Suite 329</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement Email Marketing and Survey Tools</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40267</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road Suite 329</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement Email Marketing and Survey Tools</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40268</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Cubie L.Coleman IV, DJ Premonition</p> <p>Mailing Address 12 Bryant Street NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement DJ Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40215</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</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)	550.00
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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Delta Air Lines Mailing Address 1030 Delta Boulevard City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel - Airfare 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: SB17.40270 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 8 Amount of Each Disbursement this Period 410.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Carletta Fellows Mailing Address 4501 Harwich Terrace City Upper Marlboro State MD Zip Code 20772 Purpose of Disbursement Consulting Services - Event Mgmt 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	Transaction ID: SB17.40197 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 2719.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Carletta Fellows Mailing Address 4501 Harwich Terrace City Upper Marlboro State MD Zip Code 20772 Purpose of Disbursement Reimbursable Expenses 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	Transaction ID: SB17.40198 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 367.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3496.81

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

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)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Carletta Fellows

Mailing Address 4501 Harwich Terrace

City State Zip Code
Upper Marlboro MD 20772

Purpose of Disbursement
Reimbursable Expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.40225

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Carletta Fellows

Mailing Address 4501 Harwich Terrace

City State Zip Code
Upper Marlboro MD 20772

Purpose of Disbursement
Consulting Services - Event Mgmt

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.40226

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

2719.00

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

C.

Full Name (Last, First, Middle Initial)

Carletta Fellows

Mailing Address 4501 Harwich Terrace

City State Zip Code
Upper Marlboro MD 20772

Purpose of Disbursement
Reimbursable Expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.40227

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

364.16

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

SUBTOTAL of Disbursements This Page (optional) ▶

3183.16

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

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)
DONNA EDWARDS FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) First Choice Transportation Inc.</p> <p>Mailing Address 11521 Cronridge Drive Suite E</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Travel - Ground Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40275</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 130.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Gaylord National Resort & Convention Center</p> <p>Mailing Address 201 Waterfront Street</p> <p>City National Harbor State MD Zip Code 20745</p> <p>Purpose of Disbursement Facility Rental & Catering Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40277</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Gaylord National Resort & Convention Center</p> <p>Mailing Address 201 Waterfront Street</p> <p>City National Harbor State MD Zip Code 20745</p> <p>Purpose of Disbursement Campaign Staff Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40276</p> <p>Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 61.82</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) ▶

5191.82

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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Benjamin Gerdes</p> <p>Mailing Address 1705 Hollinwood Drive</p> <p>City Alexandria State VA Zip Code 22307</p> <p>Purpose of Disbursement Consulting Services - Communications</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40243</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Keauna Gregory</p> <p>Mailing Address 441 Buck Blvd SE</p> <p>City Calhoun State GA Zip Code 30701</p> <p>Purpose of Disbursement Consulting Services - Field Organization</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General</p>	<p>Transaction ID: SB17.40193</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Hardy's Divine</p> <p>Mailing Address 14958 London Lane</p> <p>City Bowie State MD Zip Code 20715</p> <p>Purpose of Disbursement Catering Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40217</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 3210.58</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) ▶

7860.58

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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Hilton Austin Mailing Address 500 East 4th Street City Autom State TX Zip Code 78701 Purpose of Disbursement Travel - Accommodations 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: SB17.40279 Date of Disbursement 07 / 22 / 2008 Amount of Each Disbursement this Period 609.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Hilton Austin Mailing Address 500 East 4th Street City Autom State TX Zip Code 78701 Purpose of Disbursement Meals 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: SB17.40280 Date of Disbursement 07 / 22 / 2008 Amount of Each Disbursement this Period 8.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Hostway Corporation Mailing Address One North State Street Suite 1200 City Chicago State IL Zip Code 60602 Purpose of Disbursement Web Hosting Services 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: SB17.40281 Date of Disbursement 07 / 31 / 2008 Amount of Each Disbursement this Period 26.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

644.68

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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Hostway Corporation Mailing Address One North State Street Suite 1200 City Chicago State IL Zip Code 60602 Purpose of Disbursement Web Hosting Services 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: SB17.40282 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 26.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Hostway Corporation Mailing Address One North State Street Suite 1200 City Chicago State IL Zip Code 60602 Purpose of Disbursement Web Hosting Services 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: SB17.40283 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8 Amount of Each Disbursement this Period 26.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) International Security Capital Corporation LLC Mailing Address 3847 Branch Avenue Suite 116 City Temple Hills State MD Zip Code 20748 Purpose of Disbursement Office 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	Transaction ID: SB17.40199 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 1542.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1595.90
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
International Security Capital Corporation LLC

Transaction ID: SB17.40236
Date of Disbursement

Mailing Address 3847 Branch Avenue
Suite 116

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

City State Zip Code
Temple Hills MD 20748

Amount of Each Disbursement this Period

1542.00

Purpose of Disbursement
Office Rent

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Johnny's Half Shell

Transaction ID: SB17.40286
Date of Disbursement

Mailing Address 400 North Capitol Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

City State Zip Code
Washington DC 20001

Amount of Each Disbursement this Period

301.50

Purpose of Disbursement
Meeting Services

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Lake Research Partners

Transaction ID: SB17.40190
Date of Disbursement

Mailing Address 1726 M Street NW
Suite 500

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

City State Zip Code
Washington DC 20036

Amount of Each Disbursement this Period

4416.29

Purpose of Disbursement
Polling

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6259.79

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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Maurice G. Fitzgerald, Photographer</p> <p>Mailing Address 2705 Cator Drive</p> <p>City Fort Washington State MD Zip Code 20744</p> <p>Purpose of Disbursement Photographic 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>Transaction ID: SB17.40213</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="450.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Maurice G. Fitzgerald, Photographer</p> <p>Mailing Address 2705 Cator Drive</p> <p>City Fort Washington State MD Zip Code 20744</p> <p>Purpose of Disbursement Photographic 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>Transaction ID: SB17.40248</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Montgomery County Democratic Central Committee</p> <p>Mailing Address 3720 Farragut Avenue #303</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement Membership Dues</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>Transaction ID: SB17.40242</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></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)	<input type="text" value="1650.00"/>
TOTAL 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

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)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Nancy Spencer Grigsby, Trustee

Transaction ID: SB17.40212
Date of Disbursement

Mailing Address 4201 Mitchellville Road
Suite 401

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	0	8

City Bowie State MD Zip Code 20716

Amount of Each Disbursement this Period

Purpose of Disbursement
Chapter 13 Employer Payment Order
Candidate Name

Category/ Type

281.00

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)
Nancy Spencer Grigsby, Trustee

Transaction ID: SB17.40219
Date of Disbursement

Mailing Address 4201 Mitchellville Road
Suite 401

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

City Bowie State MD Zip Code 20716

Amount of Each Disbursement this Period

Purpose of Disbursement
Chapter 13 Employer Payment Order
Candidate Name

Category/ Type

281.00

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)
Nancy Spencer Grigsby, Trustee

Transaction ID: SB17.40228
Date of Disbursement

Mailing Address 4201 Mitchellville Road
Suite 401

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

City Bowie State MD Zip Code 20716

Amount of Each Disbursement this Period

Purpose of Disbursement
Chapter 13 Employer Payment Order
Candidate Name

Category/ Type

281.00

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) ▶

843.00

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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) National Council of Negro Women, Inc. Mailing Address 633 Pennsylvania Avenue NW City Washington State DC Zip Code 20004 Purpose of Disbursement Sponsorship 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: SB17.40290 Date of Disbursement 08 / 27 / 2008 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.	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 Membership Dues 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: SB17.40289 Date of Disbursement 08 / 11 / 2008 Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street SE City Washington State DC Zip Code 20003 Purpose of Disbursement Meeting Services 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: SB17.40224 Date of Disbursement 08 / 12 / 2008 Amount of Each Disbursement this Period 894.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1669.71
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

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)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
NGP

Transaction ID: SB17.40241
Date of Disbursement

Mailing Address 1225 Eye Street NW
Suite 1225

09 / 05 / 2008

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
Database Management Software

1500.00

Candidate Name

Category/
Type

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)
Orbitz Worldwide, Inc.

Transaction ID: SB17.40295
Date of Disbursement

Mailing Address 500 W. Madison

08 / 13 / 2008

City Chicago State IL Zip Code 60661

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel - Accommodations

1827.46

Candidate Name

Category/
Type

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)
Orbitz Worldwide, Inc.

Transaction ID: SB17.40296
Date of Disbursement

Mailing Address 500 W. Madison

08 / 13 / 2008

City Chicago State IL Zip Code 60661

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel - Accommodations

736.13

Candidate Name

Category/
Type

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)

4063.59

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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Pepco <hr/> Mailing Address P.O. Box 4863 <hr/> City Trenton State NJ Zip Code 08650 <hr/> Purpose of Disbursement Office Utilities 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: SB17.40240 Date of Disbursement 09 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 470.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Pitney Bowes, Inc. <hr/> Mailing Address 27 Waterview Drive <hr/> City Shelton State CT Zip Code 06484-4361 <hr/> Purpose of Disbursement Metered Postage 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: SB17.40304 Date of Disbursement 07 / 14 / 2008 <hr/> 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
C.	Full Name (Last, First, Middle Initial) Pitney Bowes, Inc. <hr/> Mailing Address 27 Waterview Drive <hr/> City Shelton State CT Zip Code 06484-4361 <hr/> Purpose of Disbursement Metered Postage 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: SB17.40300 Date of Disbursement 07 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 76.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1046.47

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 62 / 77

<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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Pitney Bowes, Inc.</p> <p>Mailing Address 27 Waterview Drive</p> <p>City Shelton State CT Zip Code 06484-4361</p> <p>Purpose of Disbursement Metered 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>Transaction ID: SB17.40303</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="112.33"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Pitney Bowes, Inc.</p> <p>Mailing Address 27 Waterview Drive</p> <p>City Shelton State CT Zip Code 06484-4361</p> <p>Purpose of Disbursement Metered 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>Transaction ID: SB17.40301</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <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="42.39"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Pitney Bowes, Inc.</p> <p>Mailing Address 27 Waterview Drive</p> <p>City Shelton State CT Zip Code 06484-4361</p> <p>Purpose of Disbursement Metered 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>Transaction ID: SB17.40305</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="6"/> / <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="200.00"/></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) ▶

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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Pitney Bowes, Inc.</p> <p>Mailing Address 27 Waterview Drive</p> <p>City Shelton State CT Zip Code 06484-4361</p> <p>Purpose of Disbursement Metered 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>Transaction ID: SB17.40302</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 50.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Jeremiah Pope</p> <p>Mailing Address 66 Houso Avenue #208</p> <p>City Takoma Park State MD Zip Code 20912</p> <p>Purpose of Disbursement Consulting Services - Fund Raising</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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General</p>	<p>Transaction ID: SB17.40196</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 5500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Jeremiah Pope</p> <p>Mailing Address 66 Houso Avenue #208</p> <p>City Takoma Park State MD Zip Code 20912</p> <p>Purpose of Disbursement Consulting Services - Fund Raising</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>Transaction ID: SB17.40229</p> <p>Date of Disbursement 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 5500.00</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) ▶

11050.86

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)

PAGE 64 / 77

<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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jeremiah Pope Mailing Address 66 Houso Avenue #208 City Takoma Park State MD Zip Code 20912 Purpose of Disbursement Reimbursable Expenses 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: SB17.40230 Date of Disbursement 09 / 04 / 2008 Amount of Each Disbursement this Period 73.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Renaissance Denver Hotel Mailing Address 3801 Quebec Street City Denver State CO Zip Code 80207 Purpose of Disbursement Travel - Accommodations 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: SB17.40307 Date of Disbursement 09 / 02 / 2008 Amount of Each Disbursement this Period 1257.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Scott Roberts Mailing Address 1615 Bayrose Circle City East Point State GA Zip Code 30334 Purpose of Disbursement Consulting Services - Field Organization 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	Transaction ID: SB17.40194 Date of Disbursement 08 / 12 / 2008 Amount of Each Disbursement this Period 2419.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3750.45
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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Rock Creek Limited Partnership <hr/> Mailing Address 18330 Village Mart Drive <hr/> City Olney State MD Zip Code 20832 <hr/> Purpose of Disbursement Office Rent 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: SB17.40218 Date of Disbursement 08 / 05 / 2008 <hr/> 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
B.	Full Name (Last, First, Middle Initial) Rock Creek Limited Partnership <hr/> Mailing Address 18330 Village Mart Drive <hr/> City Olney State MD Zip Code 20832 <hr/> Purpose of Disbursement Office Rent 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: SB17.40220 Date of Disbursement 08 / 11 / 2008 <hr/> 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) Rock Creek Limited Partnership <hr/> Mailing Address 18330 Village Mart Drive <hr/> City Olney State MD Zip Code 20832 <hr/> Purpose of Disbursement Office Rent 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: SB17.40237 Date of Disbursement 09 / 08 / 2008 <hr/> 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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Savoya</p> <p>Mailing Address 1845 Woodall Rodgers Freeway Suite 1725</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement Travel - Ground Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40310 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 131.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Savoya</p> <p>Mailing Address 1845 Woodall Rodgers Freeway Suite 1725</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement Travel - Ground Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.40311 Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 128.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Steven Schwadron</p> <p>Mailing Address 1409 Woodside Parkway</p> <p>City Silver Spring State MD Zip Code 20910</p> <p>Purpose of Disbursement In-kind - Postage, Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.39671 Date of Disbursement 07 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 375.00</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) ▶

635.35

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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas 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: SB17.40312 Date of Disbursement 07 / 16 / 2008 Amount of Each Disbursement this Period 50.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas 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: SB17.40313 Date of Disbursement 07 / 21 / 2008 Amount of Each Disbursement this Period 53.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas 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: SB17.40314 Date of Disbursement 07 / 31 / 2008 Amount of Each Disbursement this Period 49.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	153.65
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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas 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: SB17.40315 Date of Disbursement 08 / 11 / 2008 Amount of Each Disbursement this Period 42.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas 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: SB17.40316 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 41.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas 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: SB17.40317 Date of Disbursement 08 / 25 / 2008 Amount of Each Disbursement this Period 49.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	133.30
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 69 / 77

<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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas 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: SB17.40318 Date of Disbursement 09 / 05 / 2008 Amount of Each Disbursement this Period 46.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas 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: SB17.40319 Date of Disbursement 09 / 09 / 2008 Amount of Each Disbursement this Period 39.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas 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: SB17.40320 Date of Disbursement 09 / 17 / 2008 Amount of Each Disbursement this Period 58.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

144.87

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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas 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: SB17.40321 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Selena Mendy Singleton Mailing Address 14621 Notley Road City Silver Spring State MD Zip Code 20905 Purpose of Disbursement Consulting Services - Field Organization 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: SB17.40233 Date of Disbursement 09 / 09 / 2008 Amount of Each Disbursement this Period 940.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Staples #584 Mailing Address 6139 Oxon Hill Road City Oxon Hill State MD Zip Code 20745 Purpose of Disbursement Office 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: SB17.40322 Date of Disbursement 08 / 14 / 2008 Amount of Each Disbursement this Period 13.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1004.63

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

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)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Staples #584</p> <p>Mailing Address 6139 Oxon Hill Road</p> <p>City Oxon Hill State MD Zip Code 20745</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>Transaction ID: SB17.40323</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <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="458.83"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) SyDar Corporation</p> <p>Mailing Address 4915 Lawrence Place</p> <p>City Hyattsville State MD Zip Code 20781</p> <p>Purpose of Disbursement Business Cards</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>Transaction ID: SB17.40239</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="0"/> / <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="206.70"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Travel - Airfare</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>Transaction ID: SB17.40328</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <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="140.00"/></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) ►

805.53

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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd City Phoenix State AZ Zip Code 85043 Purpose of Disbursement Travel - Airfare 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: SB17.40330 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 507.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd City Phoenix State AZ Zip Code 85043 Purpose of Disbursement Travel - Airfare 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: SB17.40331 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 507.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd City Phoenix State AZ Zip Code 85043 Purpose of Disbursement Travel - Airfare 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: SB17.40332 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 507.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1521.63

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 73 / 77

<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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd City Phoenix State AZ Zip Code 85043 Purpose of Disbursement Travel - Baggage Fees 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: SB17.40329 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 8 Amount of Each Disbursement this Period 15.00 <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 Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement Telephone 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: SB17.40333 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 8 Amount of Each Disbursement this Period 2524.32 <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 Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement Telephone 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: SB17.40334 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 Amount of Each Disbursement this Period 3430.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	5969.70
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

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) W & T Travel Services LLC <hr/> Mailing Address 5625 Allentown Road Suite 107 <hr/> City State Zip Code Camp Springs MD 20746 <hr/> Purpose of Disbursement Travel - Ground Transportation <hr/> 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: SB17.40336 Date of Disbursement 09 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Washington Gas <hr/> Mailing Address 101 Constitution Avenue NW <hr/> City State Zip Code Washington DC 20080 <hr/> Purpose of Disbursement Office Utilities <hr/> 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: SB17.40238 Date of Disbursement 09 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 140.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Windows Catering Company <hr/> Mailing Address 5724 General Washington Drive <hr/> City State Zip Code Alexandria VA 22312 <hr/> Purpose of Disbursement Catering Services <hr/> 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: SB17.40222 Date of Disbursement 08 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 371.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1112.50

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

94563.17

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

Any Information copied from such Reports and Statements and 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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BENNETT 2008 Mailing Address PO Box 9195 City Allentown State PA Zip Code 18105 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.40185 Date of Disbursement 09 / 30 / 2008 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.	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 Contribution 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: SB21.40187 Date of Disbursement 07 / 29 / 2008 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Maryland Democratic Party Mailing Address 188 Main Street Suite 1 City Annapolis State MD Zip Code 21401 Purpose of Disbursement Contribution 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: SB21.40188 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	15250.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 77

<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

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)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
TADDEO FOR CONGRESS

Mailing Address PO Box 565388

City Miami State FL Zip Code 33256

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB21.40186
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) ►

250.00

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

15500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lake Research Partners	Nature of Debt (Purpose): Polling
Mailing Address 1726 M Street NW Suite 500	
City State ZIP Code Washington DC 20036	

Outstanding Balance Beginning This Period <input type="text" value="4416.29"/>	Transaction ID: SD10.37252	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4416.29"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Estelle Rogers	Nature of Debt (Purpose): Legal Services
Mailing Address 3252 S Street NW	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period <input type="text" value="10020.00"/>	Transaction ID: SD10.37255	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10020.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="10020.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="10020.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="10020.00"/>