



**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

DONNA EDWARDS FOR CONGRESS

Report Covering the Period:

From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	80715.00	187914.02
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	80715.00	187914.02
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	39314.81	127413.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	1468.47	1867.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37846.34	125545.09
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	86869.56	
<hr/>		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
DONNA EDWARDS FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	34650.00	84711.34
(i) Itemized (use Schedule A).....	28815.00	35547.19
(ii) Unitemized.....	63465.00	120258.53
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	17250.00	67655.49
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	80715.00	187914.02
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	1468.47	1867.91
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	82183.47	189781.93

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	39314.81	127413.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	20000.00	20000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>59314.81</b>	<b>147413.00</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	64000.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	82183.47
25. SUBTOTAL (add Line 23 and Line 24).....	146184.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59314.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	86869.56

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 47  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Richard Abdo

Mailing Address 923 East Kilbourn Avenue

City State Zip Code  
Milwaukee WI 53202

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

Name of Employer Occupation  
R. A. Abdo & Co., LLC President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2009

**Transaction ID:** SA11AI.43170

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Tufail Ahmad

Mailing Address 12632 Greenbriar Road

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
President Euro-America Shipping and Trade Inc.

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2009

**Transaction ID:** SA11AI.42148

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Muhammad Akbar

Mailing Address 5787 Valley View Drive

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2009

**Transaction ID:** SA11AI.42168

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1650.00**

**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 6 / 47  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Gary Alexander

Mailing Address 933 Saint George Barber Rd

City Davidsonville State MD Zip Code 21035

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

Name of Employer Alexander & Cleaver Occupation Partner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 06 / 10 / 2009  
**Transaction ID:** SA11AI.42149  
 Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Evan Aptaker

Mailing Address 671 Buena Vista Drive

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2009  
**Transaction ID:** SA11AI.43268  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Khalid Chaudhry

Mailing Address 11402 Spice Oak Terrace

City Rockville State MD Zip Code 20850

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2009  
**Transaction ID:** SA11AI.43329  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 47</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Divine		Date of Receipt
	Mailing Address 7059 Palamar Turn		<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 06 / 15 / 2009
	City	State	Zip Code
	Lanham	MD	20706
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.42133
Name of Employer Self		Occupation Software Consultant	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles Divine		Date of Receipt
	Mailing Address 7059 Palamar Turn		<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 06 / 24 / 2009
	City	State	Zip Code
	Lanham	MD	20706
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.42150
Name of Employer Self		Occupation Software Consultant	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Laura Divine		Date of Receipt
	Mailing Address 7059 Palamar Turn		<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 06 / 15 / 2009
	City	State	Zip Code
	Lanham	MD	20706
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.42135
Name of Employer Self		Occupation Software Consultant	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 450.00
		<input type="text"/> 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Alison K. Friedman  
 Mailing Address 3409 Strongs Drive  
 City Marina Del Rey State CA Zip Code 90292  
 Date of Receipt 05 / 27 / 2009  
**Transaction ID:** SA11AI.42142  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer US House of Representatives Occupation District Director  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Gerald Galison  
 Mailing Address 115 Central Park West  
 City New York State NY Zip Code 10023  
 Date of Receipt 06 / 17 / 2009  
**Transaction ID:** SA11AI.43301  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Galison/Mudpuppy Occupation President & Ceo  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 250.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph Hanon  
 Mailing Address 10333 Clayton Road  
 City Frontenac State MO Zip Code 63131  
 Date of Receipt 06 / 10 / 2009  
**Transaction ID:** SA11AI.42911  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Retailer  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00  
**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 9 / 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mustafa Haque		Date of Receipt	
	Mailing Address 6406 Maiden Lane		M M / D D / Y Y Y Y Y 06 / 26 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.42145
	Bethesda	MD	20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Self-Employed		Occupation Orthopedic Surgeon		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Megan Hull		Date of Receipt	
	Mailing Address 2226 Hall Place NW		M M / D D / Y Y Y Y Y 06 / 15 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.42114
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Self		Occupation Consultant		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) John Hunting		Date of Receipt	
	Mailing Address 161 Ottawa Avenue Suite 501-H		M M / D D / Y Y Y Y Y 05 / 06 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.42136
	Grand Rapids	MI	49503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Retired		Occupation Retired		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00		

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

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

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

FOR LINE NUMBER: PAGE 10 / 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Barrington Jackson

Mailing Address 4300 Forbes Blvd

City Lanham State MD Zip Code 20706

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

Name of Employer Helix Enterprises Occupation Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2009  
Transaction ID: SA11AI.42138  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Jencks

Mailing Address 110 Kemp Circle

City Wellfleet State MA Zip Code 02138

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

Name of Employer Harvard University Occupation Professor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 11 / 2009  
Transaction ID: SA11AI.43254  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Greg Jobin - Leeds

Mailing Address 678 Massachusetts Avenue Suite 904

City Cambridge State MA Zip Code 02139

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

Name of Employer Jobin-Leeds Partnership for Democracy Occupation Educator

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 04 / 17 / 2009  
Transaction ID: SA11AI.42125  
Amount of Each Receipt this Period 2300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 47  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Maria Jobin - Leeds

Mailing Address 678 Massachusetts Avenue  
Suite 904

City State Zip Code  
Cambridge MA 02139

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

Name of Employer Jobin-Leeds Partnership for Democracy  
Occupation Political Strategist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.42127

Amount of Each Receipt this Period  
2300.00

**B.**

Full Name (Last, First, Middle Initial)  
Nelson Jones, III

Mailing Address 2016 Main Street  
Unit 1701

City State Zip Code  
houston TX 77002

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

Name of Employer Self  
Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.42097

Amount of Each Receipt this Period  
2400.00

**C.**

Full Name (Last, First, Middle Initial)  
James Klutznick

Mailing Address 1260 Astor Street

City State Zip Code  
Chicago IL 60610

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

Name of Employer Senior Lifestyle Corporation  
Occupation Real Estate

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.43092

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4950.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 47  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Fernando Laguarda

Mailing Address 4116 Harrison Street NW

City Washington State DC Zip Code 20015

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

Name of Employer Time Warner Cable Occupation Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 06 / 20 / 2009  
Transaction ID: SA11AI.43330  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Genevieve Lynch

Mailing Address 270 Broadway

City New York State NY Zip Code 10007

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

Name of Employer Self Occupation Non-Profit

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2009  
Transaction ID: SA11AI.42311  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Talat Bano Makhdoom

Mailing Address 14221 Secluded Lane

City North Potomac State MD Zip Code 20878

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 26 / 2009  
Transaction ID: SA11AI.42166  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 47  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Karen Montgomery

Mailing Address 211 Market Street

City State Zip Code  
Brookeville MD 20833

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

Name of Employer State of Maryland Occupation State Delegate

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.42141

Amount of Each Receipt this Period  
250.00

250.00

**B.** Full Name (Last, First, Middle Initial)  
Saira Noor

Mailing Address 12310 Piney Meeting House Road

City State Zip Code  
Potomac MD 20854

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.42164

Amount of Each Receipt this Period  
250.00

250.00

**C.** Full Name (Last, First, Middle Initial)  
Heldman Paul

Mailing Address 1135 Edwards Road

City State Zip Code  
Cincinnati OH 45208

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

Name of Employer The Kroger Co. Occupation Attorney/Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.42549

Amount of Each Receipt this Period  
250.00

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 47  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Kathleen Peratis  
Mailing Address 1155 Park Avenue  
City New York State NY Zip Code 10128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Outten & Golden, LLP Occupation Lawyer  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 06 / 09 / 2009  
Transaction ID: SA11AI.42288  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Aquilur Rahman  
Mailing Address 10521 Alloway Drive  
City Potomac State MD Zip Code 20854  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Doctor  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 06 / 26 / 2009  
Transaction ID: SA11AI.42153  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Aquilur Rahman  
Mailing Address 10521 Alloway Drive  
City Potomac State MD Zip Code 20854  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Doctor  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 06 / 26 / 2009  
Transaction ID: SA11AI.42154  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**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 / 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Aquilur Rahman		Date of Receipt
	Mailing Address 10521 Alloway Drive		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Doctor	<b>Transaction ID:</b> SA11AI.42155
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1750.00"/>	<input type="text" value="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Sharon Richards		Date of Receipt
	Mailing Address 5450 Nolan Parkway N		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oak Park Heights	MN	55082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N/A		Occupation Retired	<b>Transaction ID:</b> SA11AI.42711
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Rodgers		Date of Receipt
	Mailing Address 100 Belvidere Street Apt. 8-G		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Boston	MA	02199
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Retired	<b>Transaction ID:</b> SA11AI.42130
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2300.00"/>	<input type="text" value="2300.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 47  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Maida Schifter

Mailing Address 1606 Belvedere Blvd

City State Zip Code  
Silver Spring MD 20902

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

Name of Employer Occupation  
The Urban Institute Nonprofit Officer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2009

**Transaction ID:** SA11AI.42132

Amount of Each Receipt this Period  
200.00

450.00

**B.** Full Name (Last, First, Middle Initial)  
A. Nayab Siddiqui

Mailing Address 10480 Little Patuxent Parkway  
Suite 610

City State Zip Code  
Columbia MD 21044

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

Name of Employer Occupation  
Scientific Systems & Software Internat President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2009

**Transaction ID:** SA11AI.42158

Amount of Each Receipt this Period  
500.00

500.00

**C.** Full Name (Last, First, Middle Initial)  
Shakil Siddiqui

Mailing Address 13520 Potomac Riding Lane

City State Zip Code  
Rockville MD 20850

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

Name of Employer Occupation  
Haris Design & Construction Co

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2009

**Transaction ID:** SA11AI.42147

Amount of Each Receipt this Period  
500.00

500.00

**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 17 / 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Walter Simmons

Mailing Address 3777 E Quail Avenue

City State Zip Code  
Las Vegas NV 89120

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

Name of Employer Odds On Records and Studios  
Occupation Owner, Music Studio

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.42564

Amount of Each Receipt this Period  
1000.00

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Solomon

Mailing Address 3 Bethesda Metro Center

City State Zip Code  
Bethesda MD 20814

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

Name of Employer Self  
Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 4 / 2 0 0 9

**Transaction ID:** SA11AI.42121

Amount of Each Receipt this Period  
500.00

600.00

**C.** Full Name (Last, First, Middle Initial)  
Harold Stinger

Mailing Address 16147 Waterford Creek Circle

City State Zip Code  
Hamilton VA 20158

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

Name of Employer SGT, Inc  
Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.42105

Amount of Each Receipt this Period  
2400.00

2900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3900.00**

**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 / 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
David Taylor

Mailing Address 621 G Street SE

City Washington State DC Zip Code 20003

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

Name of Employer Righth Size Law PLLC Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 12 / 2009  
**Transaction ID: SA11AI.42139**  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Christy Wallace

Mailing Address 6901 Mountain Gate Dr.

City Bethesda State MD Zip Code 20817

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

Name of Employer Self Occupation Nonprofit Treasurer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 06 / 22 / 2009  
**Transaction ID: SA11AI.42118**  
Amount of Each Receipt this Period 2400.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott Wallace

Mailing Address 6901 Mountain Gate Dr.

City Bethesda State MD Zip Code 20817

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

Name of Employer Self Occupation Nonprofit Director

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 06 / 22 / 2009  
**Transaction ID: SA11AI.42117**  
Amount of Each Receipt this Period 2400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>34650.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
AMALGAMATED TRANSIT UNION-COPE  
Mailing Address 5025 WISCONSIN AVE. N.W.  
City WASHINGTON State DC Zip Code 20016  
FEC ID number of contributing federal political committee. **C** C00032995  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt: 04 / 03 / 2009  
Transaction ID: SA11C.43345  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF PEDIATRIC DENTISTRY POLITICAL ACTION COMMITTEE  
Mailing Address 211 E Chicago Ave Suite 700  
City Chicago State IL Zip Code 60611  
FEC ID number of contributing federal political committee. **C** C00365965  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 06 / 03 / 2009  
Transaction ID: SA11C.43347  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO  
Mailing Address 1625 L STREET NW  
City WASHINGTON State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 06 / 10 / 2009  
Transaction ID: SA11C.43344  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 20 / 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INT'L BROTHERHOOD OF ELECTRICAL WORKERS  
 Mailing Address 25 Louisiana Ave. NW  
 City Washington State DC Zip Code 20001  
 Date of Receipt M M / D D / Y Y Y Y Y  
06 / 19 / 2009  
**Transaction ID:** SA11C.43342  
 Amount of Each Receipt this Period 5000.00  
 FEC ID number of contributing federal political committee. **C** C00032979  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE  
 Mailing Address 900 Seventh St, NW  
 City Washington State DC Zip Code 20001  
 Date of Receipt M M / D D / Y Y Y Y Y  
04 / 03 / 2009  
**Transaction ID:** SA11C.43338  
 Amount of Each Receipt this Period 5000.00  
 FEC ID number of contributing federal political committee. **C** C00027342  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

**C.** Full Name (Last, First, Middle Initial)  
PLASTERERS' AND CEMENT MASONS' ACTION COMMITTEE  
 Mailing Address 11720 Beltsville Drive Suite 700  
 City Beltsville State MD Zip Code 20705  
 Date of Receipt M M / D D / Y Y Y Y Y  
06 / 24 / 2009  
**Transaction ID:** SA11C.43343  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C** C00134742  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10500.00  
**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 / 47

(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION (SEIU CORPORATION)

Mailing Address 1800 Massachusetts Ave NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2009

Transaction ID: SA11C.43341

Amount of Each Receipt this Period  
4000.00

**B.**

Full Name (Last, First, Middle Initial)  
WOMEN'S ACTION FOR NEW DIRECTIONS INC (WAND)

Mailing Address 691 Massachusetts Ave

City State Zip Code  
ARLINGTON MA 02476

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2009

Transaction ID: SA11C.43339

Amount of Each Receipt this Period  
250.00

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

4250.00

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

17250.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 47
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Verizon		Date of Receipt																				
Mailing Address PO Box 17577		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	5		2	0	0	9													
City	State	Zip Code																				
Baltimore	MD	21297																				
FEC ID number of contributing federal political committee.		Transaction ID: SA14.43335																				
C		Amount of Each Receipt this Period																				
		1468.47																				
Name of Employer	Occupation	Refund of deposit																				
Receipt For: 2010	Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1468.47																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1468.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1468.47

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address 60 Massachusetts Avenue NE</p> <p>City Washington State DC Zip Code 22312</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43389</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 288.00</p>
<p><b>B.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43367</p> <p>Date of Disbursement 04 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1.00</p>
<p><b>C.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43368</p> <p>Date of Disbursement 04 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 0.99</p>

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

289.99

**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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43369</p> <p>Date of Disbursement 05 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 0.60</p>
<p><b>B.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43370</p> <p>Date of Disbursement 05 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 0.99</p>
<p><b>C.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43371</p> <p>Date of Disbursement 06 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 95.20</p>

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

96.79

**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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43372</p> <p>Date of Disbursement 06 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 106.67</p>
<p><b>B.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43373</p> <p>Date of Disbursement 06 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 46.03</p>
<p><b>C.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43374</p> <p>Date of Disbursement 06 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 210.74</p>

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

363.44

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</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>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.43375</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.98"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BB&amp;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</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.43382</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.45"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BB&amp;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</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.43376</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.95"/></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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.

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

Transaction ID: SB17.43456  
Date of Disbursement

Mailing Address P.O. Box 200

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	9	

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

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

B.

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

Transaction ID: SB17.43377  
Date of Disbursement

Mailing Address P.O. Box 200

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	9	

City Wilson State NC Zip Code 27894-0200

Amount of Each Disbursement this Period

5.95
------

Purpose of Disbursement  
Credit Card Processing Fees  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

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

Transaction ID: SB17.43383  
Date of Disbursement

Mailing Address P.O. Box 200

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	9	

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

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

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

48.40

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
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 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43457 Date of Disbursement 05 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 5.00
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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43384 Date of Disbursement 06 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 37.45
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 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43378 Date of Disbursement 06 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 5.95

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

48.40

**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 29 / 47

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43458 Date of Disbursement 06 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 5.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Carey International, Inc. <hr/> Mailing Address 4530 Wisconsin Avenue NW <hr/> City Washington State DC Zip Code 20016 <hr/> Purpose of Disbursement Travel - Ground Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43392 Date of Disbursement 04 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 113.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Carey International, Inc. <hr/> Mailing Address 4530 Wisconsin Avenue NW <hr/> City Washington State DC Zip Code 20016 <hr/> Purpose of Disbursement Travel - Ground Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43393 Date of Disbursement 04 / 22 / 2009 <hr/> Amount of Each Disbursement this Period 155.92

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

**273.92**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Carey International, Inc.	Transaction ID: SB17.43394 Date of Disbursement
	Mailing Address 4530 Wisconsin Avenue NW	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20016	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel - Ground Transportation	<input type="text" value="139.51"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Carey International, Inc.	Transaction ID: SB17.43395 Date of Disbursement
	Mailing Address 4530 Wisconsin Avenue NW	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20016	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel - Ground Transportation	<input type="text" value="179.93"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Adrienne Christian	Transaction ID: SB17.43362 Date of Disbursement
	Mailing Address 511 Four Mile Road	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22305	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services - Campaign Mgmt	<input type="text" value="1666.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1985.44"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Constant Contact <hr/> Mailing Address 1601 Trapelo Road Suite 329 <hr/> City Waltham State MA Zip Code 02451 <hr/> Purpose of Disbursement Email Marketing and Survey Tools Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43398 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 75.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Delta Air Lines <hr/> Mailing Address 1030 Delta Boulevard <hr/> City Atlanta State GA Zip Code 30320 <hr/> Purpose of Disbursement Travel - Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43400 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 429.21
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Delta Air Lines <hr/> Mailing Address 1030 Delta Boulevard <hr/> City Atlanta State GA Zip Code 30320 <hr/> Purpose of Disbursement Travel - Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43401 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 174.60
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

678.81

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Delta Air Lines</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43399</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 84.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Federal Election Commission</p> <p>Mailing Address 999 E Street NW</p> <p>City Washington State DC Zip Code 20463</p> <p>Purpose of Disbursement ADR 468 Settlement</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43460</p> <p>Date of Disbursement 04 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Giant Food and Pharmacy</p> <p>Mailing Address 3450 Washington Blvd</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Food &amp; Beverage - Fundraiser</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43406</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 311.21</p>

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

1895.21

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mid-Atlantic Real Estate Investments</p> <p>Mailing Address 9161 Liberia Avenue Suite 207</p> <p>City Manassas State VA Zip Code 20110</p> <p>Purpose of Disbursement Office Rent</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43364</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1175.18</p>
<p><b>B.</b> 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 Sponsorship</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43352</p> <p>Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p><b>C.</b> 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 Event Tickets</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.43359</p> <p>Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p>

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

1675.18

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</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 Banquet Services - Fundraiser Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43351 Date of Disbursement 05 / 04 / 2009  Amount of Each Disbursement this Period 428.33
<b>B.</b>	Full Name (Last, First, Middle Initial) Paychex  Mailing Address 3060 Williams Drive Suite 200  City Fairfax State VA Zip Code 22031  Purpose of Disbursement Payroll Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43387 Date of Disbursement 04 / 01 / 2009  Amount of Each Disbursement this Period 2380.18
<b>C.</b>	Full Name (Last, First, Middle Initial) Paychex  Mailing Address 3060 Williams Drive Suite 200  City Fairfax State VA Zip Code 22031  Purpose of Disbursement Staff Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43385 Date of Disbursement 04 / 30 / 2009  Amount of Each Disbursement this Period 5334.73

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

8143.24

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Paychex  Mailing Address 3060 Williams Drive Suite 200  City Fairfax State VA Zip Code 22031  Purpose of Disbursement Payroll Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43381 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9  Amount of Each Disbursement this Period 2380.18
B.	Full Name (Last, First, Middle Initial) Paychex  Mailing Address 3060 Williams Drive Suite 200  City Fairfax State VA Zip Code 22031  Purpose of Disbursement Payroll Processing Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43379 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9  Amount of Each Disbursement this Period 92.05
C.	Full Name (Last, First, Middle Initial) Paychex  Mailing Address 3060 Williams Drive Suite 200  City Fairfax State VA Zip Code 22031  Purpose of Disbursement Staff Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43386 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9  Amount of Each Disbursement this Period 5334.73

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

**7806.96**

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Paychex  Mailing Address 3060 Williams Drive Suite 200  City Fairfax State VA Zip Code 22031  Purpose of Disbursement Payroll Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.43388 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9  Amount of Each Disbursement this Period 2380.18
<b>B.</b>	Full Name (Last, First, Middle Initial) Paychex  Mailing Address 3060 Williams Drive Suite 200  City Fairfax State VA Zip Code 22031  Purpose of Disbursement Payroll Processing Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.43380 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 9  Amount of Each Disbursement this Period 184.97
<b>C.</b>	Full Name (Last, First, Middle Initial) Pitney Bowes, Inc.  Mailing Address 27 Waterview Drive  City Shelton State CT Zip Code 06484-4361  Purpose of Disbursement Metered Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.43428 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9  Amount of Each Disbursement this Period 45.57

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2610.72
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	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 <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.43429 Date of Disbursement MM / DD / YYYY 05 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 45.57
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 <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.43430 Date of Disbursement MM / DD / YYYY 06 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 45.57
C.	Full Name (Last, First, Middle Initial) Jeremiah Pope <hr/> Mailing Address 10503 Sweetbriar Parkway <hr/> City Silver Spring State MD Zip Code 20903 <hr/> Purpose of Disbursement Office Supplies Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.43350 Date of Disbursement MM / DD / YYYY 04 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 45.00

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

136.14

**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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43354 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Sapodilla's Carribean Restaurant <hr/> Mailing Address 11396 Livingston Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Catering Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43434 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 575.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Shell <hr/> Mailing Address 8511 Oxon Hill Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43437 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 31.56

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

5606.56

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43438 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9  Amount of Each Disbursement this Period 31.17
<b>B.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43439 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9  Amount of Each Disbursement this Period 32.72
<b>C.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43440 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9  Amount of Each Disbursement this Period 31.63

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	95.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43441 Date of Disbursement 06 / 02 / 2009 Amount of Each Disbursement this Period 29.16 Category/Type
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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43442 Date of Disbursement 06 / 10 / 2009 Amount of Each Disbursement this Period 38.95 Category/Type
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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43443 Date of Disbursement 06 / 16 / 2009 Amount of Each Disbursement this Period 36.78 Category/Type

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

104.89

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Shell <hr/> Mailing Address 8511 Oxon Hill Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.43444 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 37.85
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Shell <hr/> Mailing Address 8511 Oxon Hill Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.43445 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 40.61
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address 225 N. Fairfax Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.43447 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 540.66
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

619.12

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43454 Date of Disbursement 05 / 18 / 2009 Amount of Each Disbursement this Period 210.10 Category/Type
<b>B.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43455 Date of Disbursement 05 / 22 / 2009 Amount of Each Disbursement this Period 159.60 Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Weber Mailing Address 1356 Kenyon St. NW, #2 City Washington State DC Zip Code 20010 Purpose of Disbursement Consulting Services - Communications Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43360 Date of Disbursement 05 / 08 / 2009 Amount of Each Disbursement this Period 1666.64 Category/Type

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

2036.34

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Daniel Weber	Transaction ID: SB17.43361 Date of Disbursement 05 / 08 / 2009
	Mailing Address 1356 Kenyon St. NW, #2	Amount of Each Disbursement this Period 300.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Reimbursable Expenses Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Michelle Wright	Transaction ID: SB17.43366 Date of Disbursement 06 / 29 / 2009
	Mailing Address	Amount of Each Disbursement this Period 300.00
	City State Zip Code	
	Purpose of Disbursement DJ Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	37891.64

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Transaction ID: SB18.43463

Date of Disbursement

Mailing Address 430 South Capitol Street, SE  
2nd Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

20000.00
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Purpose of Disbursement  
Membership Dues

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

20000.00
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TOTAL This Period (last page this line number only) ..... ▶

20000.00
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**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 47 / 47	
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
 DONNA EDWARDS FOR CONGRESS

A. 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 Washington	State DC	ZIP Code 20007	

Outstanding Balance Beginning This Period		Transaction ID: SD10.37255	
10020.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10020.00	

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