

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DONNA EDWARDS FOR CONGRESS

ADDRESS (number and street)

P.O. Box 441153

Check if different than previously reported. (ACC)

FORT WASHINGTON

MD

20749

2. FEC IDENTIFICATION NUMBER ▼

C C00422964

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MD

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Janice Edwards

Signature of Treasurer Janice Edwards

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**DONNA EDWARDS FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	57506.00	201513.00
(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)).....	57506.00	201513.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	67136.07	171657.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67136.07	171657.02
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	68133.74	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12800.00	40800.00
(ii) Unitemized.....	406.00	2913.00
(iii) TOTAL of contributions from individuals ▶	13206.00	43713.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	44300.00	157800.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	57506.00	201513.00
<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>	0.00	0.00
<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>	57506.00	201513.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67136.07	171657.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	8000.00
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) ►	67136.07	179657.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	77763.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	57506.00
25. SUBTOTAL (add Line 23 and Line 24).....	135269.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67136.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	68133.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jameel Aalim-Johnson**

Mailing Address 8501 Chervil Road

City Lanham State MD Zip Code 20706

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

Name of Employer NASDAQ OMX Occupation Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2013

**Transaction ID : SA11AI.63898**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Hisham Altalib**

Mailing Address 11776 Stratford House Place #1403

City Reston State VA Zip Code 20190

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2013

**Transaction ID : SA11AI.63875**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**M. Omar Ashraf**

Mailing Address 43060 Unison Knoll Circle

City Ashburn State VA Zip Code 20148

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2013

**Transaction ID : SA11AI.63877**

Amount of Each Receipt this Period  
 500.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Asim Ghafoor**

Mailing Address 20847 Driftwood Terrace

City State Zip Code  
Sterling VA 20165

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

Name of Employer Occupation  
Law Office of Asim Ghafoor Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2013

**Transaction ID : SA11AI.63896**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Wilfred Gray**

Mailing Address 4915 Lawrence Place

City State Zip Code  
Hyattsville MD 20781

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

Name of Employer Occupation  
Sydar Printing Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2013

**Transaction ID : SA11AI.63880**

Amount of Each Receipt this Period  
1200.00

**C.** Full Name (Last, First, Middle Initial)  
**Harry Letaw**

Mailing Address 440 Severnside Drive

City State Zip Code  
Severna Park MD 21146

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

Name of Employer Occupation  
Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2013

**Transaction ID : SA11AI.63894**

Amount of Each Receipt this Period  
100.00

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**M. Yqub Mirza**

Mailing Address 11922 Safa Court

City Herndon State VA Zip Code 20170

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2013

**Transaction ID : SA11AI.63879**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Martine Rothblatt**

Mailing Address 1040 Spring Street

City Silver Spring State MD Zip Code 20910

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

Name of Employer Occupation  
 United Therapeutics CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2013

**Transaction ID : SA11AI.63882**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Martine Rothblatt**

Mailing Address 1040 Spring Street

City Silver Spring State MD Zip Code 20910

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

Name of Employer Occupation  
 United Therapeutics CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2013

**Transaction ID : SA11AI.63883**

Amount of Each Receipt this Period  
 2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Gwynne Shotwell**

Mailing Address 18 Buckskin Lane

City State Zip Code  
Rolling Hills Estates CA 90274

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

Name of Employer Occupation  
SpaceX President & COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2013

**Transaction ID : SA11Al.63893**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

12800.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 Massachusetts Ave. NW  
8th Floor

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2013

**Transaction ID : SA11C.63866**

Amount of Each Receipt this Period  
 1000.00

**B.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2013

**Transaction ID : SA11C.63864**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)**

Mailing Address 777 6th Street, NW  
Suite 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2013

**Transaction ID : SA11C.63863**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
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** C00011114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 19 / 2013

**Transaction ID : SA11C.63840**

Amount of Each Receipt this Period  
 1000.00

**B.** 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** C00011114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2013

**Transaction ID : SA11C.63865**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF TEACHERS AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 New Jersey Avenue NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2013

**Transaction ID : SA11C.63871**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION**

Mailing Address 1300 L Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : SA11C.63870**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION OF AMERICAN RAILROADS POLITICAL ACTION COMMITTEE (RAILPAC)**

Mailing Address 425 3RD STREET, S..W.  
SUITE 1000

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00280743

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 13 / 2013

**Transaction ID : SA11C.63857**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BALL CORPORATION POLITICAL ACTION COMMITTEE (BALLPAC)**

Mailing Address 10 Longs Peak Drive

City Broomfield State CO Zip Code 80021

FEC ID number of contributing federal political committee. **C** C00039461

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2013

**Transaction ID : SA11C.63856**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**

Mailing Address P.O. BOX 961039

City State Zip Code  
FORT WORTH TX 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 30 2013

**Transaction ID : SA11C.63850**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN PAC FUND**

Mailing Address 1370 ONTARIO ST

City State Zip Code  
CLEVELAND OH 44113

FEC ID number of contributing federal political committee. **C** C00099234

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 07 2013

**Transaction ID : SA11C.63854**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS**

Mailing Address 101 Constitution Ave NW  
Tenth Floor West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 30 2013

**Transaction ID : SA11C.63849**

Amount of Each Receipt this Period  
5000.00

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

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL**

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : SA11C.63855**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 Pennsylvania Ave, NW, Ste 560  
Suite 560

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : SA11C.63848**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**GRIDIRON-PAC**

Mailing Address 345 PARK AVENUE

City NEW YORK State NY Zip Code 10154

FEC ID number of contributing federal political committee. **C** C00451153

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : SA11C.63872**

Amount of Each Receipt this Period  
 1500.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 Constitution Ave. NW  
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2013

**Transaction ID : SA11C.63859**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**INTL. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL & REINFORCING IRON WORKERS (IPAL)**

Mailing Address 1750 NEW YORK AVE. NW  
SUITE 400

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2013

**Transaction ID : SA11C.63845**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**LEADING ORANGE COUNTY PAC**

Mailing Address PO BOX 6037

City SANTA ANA State CA Zip Code 92706

FEC ID number of contributing federal political committee. **C** C00345124

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2013

**Transaction ID : SA11C.63868**

Amount of Each Receipt this Period  
 300.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address **1550 Crystal Drive  
Suite 300**

City **Arlington** State **VA** Zip Code **22202**

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 30 / 2013**

**Transaction ID : SA11C.63851**

Amount of Each Receipt this Period  
**2000.00**

B. Full Name (Last, First, Middle Initial)  
**NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY & MEDICARE PAC**

Mailing Address **10 G ST. NE  
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20002**

FEC ID number of contributing federal political committee. **C C00172296**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 12 / 2013**

**Transaction ID : SA11C.63867**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

Mailing Address **3 COMMERCIAL PLACE**

City **NORFOLK** State **VA** Zip Code **23510**

FEC ID number of contributing federal political committee. **C C00009282**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 07 / 2013**

**Transaction ID : SA11C.63858**

Amount of Each Receipt this Period  
**2500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**SPACE EXPLORATION TECHNOLOGIES CORPORATION PAC**

Mailing Address 1030 15TH STREET, NW  
SUITE 220 E

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2013

**Transaction ID : SA11C.63860**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 600 13TH ST., NW  
SUITE 340

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : SA11C.63847**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 275 Seventh Ave. 10th Floor

City New York State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : SA11C.63846**

Amount of Each Receipt this Period  
2500.00

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

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

7500.00

44300.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 5001 SHR, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013		
Mailing Address 5001 Silver Hill Road			Amount of Each Disbursement this Period 1551.53		
City Suitland	State MD	Zip Code 20746	Transaction ID : SB17.63950		
Purpose of Disbursement Office Rent		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2013		
Mailing Address 14 Arrow Street			Amount of Each Disbursement this Period 0.79		
City Cambridge	State MA	Zip Code 02138	Transaction ID : SB17.63910		
Purpose of Disbursement Fund Raising Fees		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2013		
Mailing Address 14 Arrow Street			Amount of Each Disbursement this Period 0.87		
City Cambridge	State MA	Zip Code 02138	Transaction ID : SB17.63911		
Purpose of Disbursement Fund Raising Fees		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1553.19
<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)	PAGE 18 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 98.75 <b>Transaction ID : SB17.63912</b>
City Cambridge	State MA	
Purpose of Disbursement Fund Raising Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 3.95 <b>Transaction ID : SB17.63913</b>
City Cambridge	State MA	
Purpose of Disbursement Fund Raising Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 39.58 <b>Transaction ID : SB17.63914</b>
City Cambridge	State MA	
Purpose of Disbursement Fund Raising Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	142.28
<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)	PAGE 19 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 0.79 <b>Transaction ID : SB17.63915</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 11.85 <b>Transaction ID : SB17.63916</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 0.87 <b>Transaction ID : SB17.63917</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13.51
<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)	PAGE 20 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Annapolis Moose Lodge #296</b>		Date of Disbursement
Mailing Address 1890 Crownsville Road		M M / D D / Y Y Y Y 07 / 15 / 2013
City	State	Zip Code
Annapolis	MD	21401
Purpose of Disbursement Event Sponsorship		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	500.00
Office Sought:	Disbursement For: 2014	<b>Transaction ID : SB17.63929</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bond 45</b>		Date of Disbursement
Mailing Address 149 Waterfront Street		M M / D D / Y Y Y Y 07 / 15 / 2013
City	State	Zip Code
National Harbor	MD	20745
Purpose of Disbursement Campaign Dinner Meeting		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	224.26
Office Sought:	Disbursement For: 2014	<b>Transaction ID : SB17.63936</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bond 45</b>		Date of Disbursement
Mailing Address 149 Waterfront Street		M M / D D / Y Y Y Y 07 / 24 / 2013
City	State	Zip Code
National Harbor	MD	20745
Purpose of Disbursement Campaign Dinner Meeting		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	302.72
Office Sought:	Disbursement For: 2014	<b>Transaction ID : SB17.63937</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1026.98
<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)		PAGE 21 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Tandoor &amp; Grill</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013	
Mailing Address 419 8th Street SE			Amount of Each Disbursement this Period 194.40	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.63938	
Purpose of Disbursement Campaign Lunch Meeting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Tandoor &amp; Grill</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 419 8th Street SE			Amount of Each Disbursement this Period 57.73	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.63939	
Purpose of Disbursement Campaign Lunch Meeting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Carey International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2013	
Mailing Address 4530 Wisconsin Avenue NW			Amount of Each Disbursement this Period 190.09	
City Washington	State DC	Zip Code 20016	Transaction ID : SB17.63940	
Purpose of Disbursement Car Service		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	442.22
<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)	PAGE 22 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Carey International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013	
Mailing Address 4530 Wisconsin Avenue NW			Amount of Each Disbursement this Period 999.99 190.09	
City Washington	State DC	Zip Code 20016	Transaction ID : SB17.63941	
Purpose of Disbursement Car Service		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Carey International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013	
Mailing Address 4530 Wisconsin Avenue NW			Amount of Each Disbursement this Period 999.99 612.71	
City Washington	State DC	Zip Code 20016	Transaction ID : SB17.63942	
Purpose of Disbursement Car Service		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Carey International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013	
Mailing Address 4530 Wisconsin Avenue NW			Amount of Each Disbursement this Period 999.99 185.98	
City Washington	State DC	Zip Code 20016	Transaction ID : SB17.63943	
Purpose of Disbursement Car Service		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	999.99 988.98
<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)		PAGE 23 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Congressional Black Caucus Foundation, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2013
Mailing Address 1720 Massachusetts Avenue NW		Amount of Each Disbursement this Period 575.00 <b>Transaction ID : SB17.63918</b>
City Washington State DC Zip Code 20036	Purpose of Disbursement Conference Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Congressional Black Caucus Foundation, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 1720 Massachusetts Avenue NW		Amount of Each Disbursement this Period 8700.00 <b>Transaction ID : SB17.63952</b>
City Washington State DC Zip Code 20036	Purpose of Disbursement Event Sponsorship/Tickets	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 155.00 <b>Transaction ID : SB17.63957</b>
City Waltham State MA Zip Code 02451	Purpose of Disbursement Email Marketing and Survey Tools	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9430.00
<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)	PAGE 24 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 155.00 <b>Transaction ID : SB17.63958</b>
City Waltham State MA Zip Code 02451	Purpose of Disbursement Email Marketing and Survey Tools	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 155.00 <b>Transaction ID : SB17.63959</b>
City Waltham State MA Zip Code 02451	Purpose of Disbursement Email Marketing and Survey Tools	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Extra Space Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 9211 Livingston Road		Amount of Each Disbursement this Period 247.00 <b>Transaction ID : SB17.63907</b>
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement Storage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	557.00
<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)		PAGE 25 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Extra Space Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2013
Mailing Address 9211 Livingston Road		Amount of Each Disbursement this Period 247.00 <b>Transaction ID : SB17.63908</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Storage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Extra Space Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address 9211 Livingston Road		Amount of Each Disbursement this Period 247.00 <b>Transaction ID : SB17.63909</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Storage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Fresh Connections Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2013
Mailing Address 1114 Herndon Pkwy		Amount of Each Disbursement this Period 441.51 <b>Transaction ID : SB17.63972</b>
City Herndon	State VA	
Zip Code 20170	Purpose of Disbursement Catering Services - Campaign Event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	935.51
<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)	PAGE 26 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Grand Hyatt Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 1000 H Street NW		Amount of Each Disbursement this Period 1546.02 <b>Transaction ID : SB17.63978</b>
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Lodging	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hilton Suites Anaheim/Orange</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 400 N. State College Boulevard		Amount of Each Disbursement this Period 208.21 <b>Transaction ID : SB17.63977</b>
City Orange	State CA Zip Code 92868	
Purpose of Disbursement Travel - Lodging	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lansdowne Resort Leesburg</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2013
Mailing Address 44050 Woodridge Parkway		Amount of Each Disbursement this Period 5.25 <b>Transaction ID : SB17.63919</b>
City Leesburg	State VA Zip Code 20176	
Purpose of Disbursement Misc Travel Expense	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1759.48
<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)	PAGE 27 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Maryland Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 188 Main Street Suite 1		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.63951</b>
City Annapolis	State MD Zip Code 21401	
Purpose of Disbursement Event Sponsorship/Tickets	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anita Minor</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 5904 Woodland Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.64002</b>
City Oxon Hill	State MD Zip Code 20745	
Purpose of Disbursement Catering Services - Campaign Event	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NGP Software, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2013
Mailing Address 1225 Eye Street, NW		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.63980</b>
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Fund Raising Software	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7000.00
<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)	PAGE 28 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. Occasions Caterers**

Mailing Address 655 Taylor Street NE

City Washington State DC Zip Code 20017

Purpose of Disbursement  
Catering Services - Campaign Event

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 09 / 2013

Amount of Each Disbursement this Period  
5369.40

Transaction ID : SB17.63983

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Oriental Trading Company**

Mailing Address 4206 South 108th Street

City Omaha State NE Zip Code 68137

Purpose of Disbursement  
Decorations - Campaign Event

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 18 / 2013

Amount of Each Disbursement this Period  
236.99

Transaction ID : SB17.63985

Category/Type

Full Name (Last, First, Middle Initial)  
**c. Jeremiah Pope**

Mailing Address 10503 Sweetbriar Parkway

City Silver Spring State MD Zip Code 20903

Purpose of Disbursement  
Consulting Services - Fund Raising

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 01 / 2013

Amount of Each Disbursement this Period  
7000.00

Transaction ID : SB17.63945

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 12606.39

**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 OF 41		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jeremiah Pope</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : SB17.63947</b>
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Consulting Services - Fund Raising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jeremiah Pope</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : SB17.63949</b>
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Consulting Services - Fund Raising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 53.40 <b>Transaction ID : SB17.63989</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14053.40
<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)	PAGE 30 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2013
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 52.97 <b>Transaction ID : SB17.63990</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2013
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 53.25 <b>Transaction ID : SB17.63991</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2013
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 40.24 <b>Transaction ID : SB17.63992</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	146.46
<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)	PAGE 31 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>			Date of Disbursement MM / DD / YYYY 08 / 08 / 2013	
Mailing Address 8511 Oxon Hill Road			Amount of Each Disbursement this Period 52.46	
City Fort Washington	State MD	Zip Code 20744	Transaction ID : SB17.63993	
Purpose of Disbursement Gas		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Shell</b>			Date of Disbursement MM / DD / YYYY 08 / 19 / 2013	
Mailing Address 8511 Oxon Hill Road			Amount of Each Disbursement this Period 41.21	
City Fort Washington	State MD	Zip Code 20744	Transaction ID : SB17.63994	
Purpose of Disbursement Gas		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Shell</b>			Date of Disbursement MM / DD / YYYY 08 / 26 / 2013	
Mailing Address 8511 Oxon Hill Road			Amount of Each Disbursement this Period 41.94	
City Fort Washington	State MD	Zip Code 20744	Transaction ID : SB17.63995	
Purpose of Disbursement Gas		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	135.61
<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)		PAGE 32 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 42.13 <b>Transaction ID : SB17.63996</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 42.77 <b>Transaction ID : SB17.63997</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 48.53 <b>Transaction ID : SB17.63998</b>
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	133.43
<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)		PAGE 33 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address 111 North Cove Terrace		Amount of Each Disbursement this Period 50.00
City National Harbor	State MD	
Zip Code 20745	Purpose of Disbursement Gas	Transaction ID : SB17.64000
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SyDar of DC LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2013
Mailing Address 2828 10th Street NE Suite 2		Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20017	Purpose of Disbursement Printing - Campaign Literature	Transaction ID : SB17.64001
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Financial Times Ltd.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2013
Mailing Address Number One Southwark Bridge		Amount of Each Disbursement this Period 325.00
City	State	
Zip Code	Purpose of Disbursement Newspaper Subscription	Transaction ID : SB17.63967
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2375.00
<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)	PAGE 34 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. The Financial Times Ltd.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2013
Mailing Address Number One Southwark Bridge		Amount of Each Disbursement this Period 9.75 <b>Transaction ID : SB17.63968</b>
City	State Zip Code	
Purpose of Disbursement International Transaction Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Liaison Capitol Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address 415 New Jersey Avenue NW		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : SB17.64006</b>
City	State Zip Code	
Purpose of Disbursement Space Rental & Catering - Fundraiser	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Liaison Capitol Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2013
Mailing Address 415 New Jersey Avenue NW		Amount of Each Disbursement this Period 615.00 <b>Transaction ID : SB17.64007</b>
City	State Zip Code	
Purpose of Disbursement Space Rental & Catering - Fundraiser	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	999.75
<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)		PAGE 35 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. The Monocle Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address 107 D Street NE		Amount of Each Disbursement this Period 751.95 <b>Transaction ID : SB17.64009</b>
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Space Rental & Catering - Fundraiser		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jerrod Tillman</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 8930 Congress Place		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.64003</b>
City Landover	State MD Zip Code 20785	
Purpose of Disbursement DJ Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2013
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 83.32 <b>Transaction ID : SB17.64011</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Campaign Lunch Meeting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1285.27
<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)	PAGE 36 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tortilla Coast</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 400 First Street SE			Amount of Each Disbursement this Period 72.47	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.64012	
Purpose of Disbursement Campaign Lunch Meeting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. TruBlu Politics</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address 15000 Pine Top Lane			Amount of Each Disbursement this Period 1202.00	
City Burtonsville	State MD	Zip Code 20866	Transaction ID : SB17.63946	
Purpose of Disbursement Invitations/Campaign Mailing		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. TruBlu Politics</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013	
Mailing Address 15000 Pine Top Lane			Amount of Each Disbursement this Period 700.00	
City Burtonsville	State MD	Zip Code 20866	Transaction ID : SB17.63953	
Purpose of Disbursement Invitations		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1974.47
<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)		PAGE 37 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TruBlu Politics</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 15000 Pine Top Lane		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.63954</b>
City Burtonsville	State MD	
Zip Code 20866	Purpose of Disbursement Programs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2013
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 1106.70 <b>Transaction ID : SB17.64013</b>
City Chicago	State IL	
Zip Code 60601	Purpose of Disbursement Travel - Airfare	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2013
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : SB17.64015</b>
City Chicago	State IL	
Zip Code 60601	Purpose of Disbursement Travel - Airfare	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1551.70
<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)	PAGE 38 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2013
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.64014</b>
City Chicago State IL Zip Code 60601	Purpose of Disbursement Travel - Baggage Handling Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 64.00 <b>Transaction ID : SB17.64016</b>
City Chicago State IL Zip Code 60601	Purpose of Disbursement Travel - Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2013
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.63925</b>
City Chicago State IL Zip Code 60601	Purpose of Disbursement Travel - Baggage Handling Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	139.00
<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)	PAGE 39 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2013
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.63926</b>
City Chicago State IL Zip Code 60601	Purpose of Disbursement Travel - Baggage Handling Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2013
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 2012.08 <b>Transaction ID : SB17.63927</b>
City Chicago State IL Zip Code 60601	Purpose of Disbursement Travel - Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2013
Mailing Address 1356 Kenyon St. NW, #2		Amount of Each Disbursement this Period 1666.00 <b>Transaction ID : SB17.63944</b>
City Washington State DC Zip Code 20010	Purpose of Disbursement Consulting Services - Communications	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3728.08
<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)		PAGE 40 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DONNA EDWARDS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Daniel Weber</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2013
Mailing Address 1356 Kenyon St. NW, #2		Amount of Each Disbursement this Period 2499.00 <b>Transaction ID : SB17.63948</b>
City Washington State DC Zip Code 20010	Purpose of Disbursement Consulting Services - Communications	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2499.00
<b>TOTAL</b> This Period (last page this line number only).....	65476.51



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

NAME OF COMMITTEE (In Full)

**DONNA EDWARDS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Estelle Rogers**

Mailing Address 3252 S Street NW

City State Zip Code  
 Washington DC 20007

Nature of Debt (Purpose):  
 Legal Services

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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