

REPORT OF RECEIPTS AND DISBURSEMENTS

HAND DELIVERED

For An Authorized Committee
(Summary Page)

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

DEVINE FOR CONGRESS, INC

ADDRESS (number and street) ☐ Check if different than previously reported.
P.O. BOX 596

CITY, STATE and ZIP CODE

STATE/DISTRICT

UPPER MARLBORO, MD 20773

MD / 5th CD

2. FEC IDENTIFICATION NUMBER

C 00293852

3. IS THIS REPORT AN AMENDMENT?

☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ Twelfth day report preceding

(Type of Election)

☐ July 15 Quarterly Report

election on _____ in the State of _____

☒ October 15 Quarterly Report

☐ Thirtieth day report following the General Election on

☐ January 31 Year End Report

_____ in the State of _____

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

This report contains
activity for

☒ Primary Election

☒ General Election

☐ Special Election

☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/1/94 through 9/30/94		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$116,485.	\$190,984.
(b) Total Contribution Refunds (from Line 20(d))	\$450.	\$450.
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$116,035.	\$190,534.
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$118,598.	\$172,067.
(b) Total Offsets to Operating Expenditures (from Line 14)	- 0 -	- 0 -
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$118,598.	\$172,067.
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$18,467.	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	- 0 -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	- 0 -	

For further information
contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20433
Toll Free 800-424-9530
Local 202-219-3420

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

George Nesterchuk - Assistant Treasurer + Barbara Anderson - Treasurer

Signature of Treasurer

George Nesterchuk - Asst Treas ✓

Date

10-15-94

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) DEVINE FOR CONGRESS, INC C 00293852		Report Covering the Period: From: 7/1/94 To: 9/30/94	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		\$59,450.	11(a)(i)
(ii) Unitemized		\$37,299.	11(a)(ii)
(iii) Total of contributions from individuals		\$96,749.	\$154,289. 11(a)(iii)
(b) Political Party Committees		\$200.	\$200. 11(b)
(c) Other Political Committees (such as PACs)		\$19,536.	\$35,495. 11(c)
(d) The Candidate			\$1,000. 11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		\$116,485.	\$190,984. 11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		- 0 -	- 0 - 12
13. LOANS:			
(a) Made or Guaranteed by the Candidate		-	- 13(a)
(b) All Other Loans		-	- 13(b)
(c) TOTAL LOANS (add 13(a) and (b))		- 0 -	- 0 - 13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		- 0 -	- 0 - 14
15. OTHER RECEIPTS (Dividends, Interest, etc.)		- 0 -	- 0 - 15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		\$116,485.	\$190,984. 16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		\$118,598.	\$172,067. 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		-0-	-0- 18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate		-	- 19(a)
(b) Of All Other Loans		-	- 19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		-0-	-0- 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		\$450.	\$450. 20(a)
(b) Political Party Committees		-0-	-0- 20(b)
(c) Other Political Committees (such as PACs)		-0-	-0- 20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		\$450.	\$450. 20(d)
21. OTHER DISBURSEMENTS		-0-	-0- 21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		\$119,048.	\$172,517. 22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 21,030.	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 116,485.	24
25. SUBTOTAL (add Line 23 and Line 24)		\$ 137,515.	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$ 119,048.	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$ 18,467.	27

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 26
FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. David F. Girard-DiCarlo 4 Penn Center Plaza Philadelphia, PA 19103 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Blank, Mole, Comisky, & McCauley Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. James L. Byrnes 1151 Westmoreland Road Alexandria, VA 22308 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US Govt. Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Ms. Diana D. Denman P.O. Box 6009 San Antonio, TX 78209-0009 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Denman, Franklin & Denman Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Ms. Diana D. Denman P.O. Box 6009 San Antonio, TX 78209-0009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Denman, Franklin & Denman Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/29/94	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Hon. Pete du Pont Committee for Republican Leadership One Rodney Square PO Box 1300 Wilmington, DE 19899 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Layton, Finger Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Daniel Joy 4079 Las Palmas Way Sarasota, FL 34238 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Glenn Kenton One Rodney Square PO Box 551 Wilmington, DE 19899 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Layton, Finger Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Myron J. Mintz Dickstein, Shapiro, Morin 2101 L Street NW Washington, DC 20037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dickstin, Shapiro, Morin Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Tom Rath Rath & Young P.O. Box 854 Concord, NH 3302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rath & Young Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Edward M. Rogers Jr. International Equity Partners 1101 Connecticut Ave. NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Griffith and Rogers Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/2/94	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Mr. Frank Salinger 11812 Bishop's Content Mitchellville, MD 20721 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/7/94	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Mr. Richard Taylor Steptoe and Johnson 1330 Connecticut Avenue NW Washington, DC 20036-2661 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Steptoe, Johnson Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Hon. C. Boyden Gray Wilmer Cutler & Pickering 2445 M St. NW Washington, DC 20037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wilmer, Cutler, Pickering Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/9/94	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Mr. Joseph C. Fenech P.C. DBA Fenech & Toussaint, P.C. Two Mid America Plaza Suite 924 Oakbrook Terrace, IL 60181 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 7/8/94 8/10/94 9/12/94	Amount of Each Receipt this Period \$100.00 \$50.00 \$100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER

11(a)(i)

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Hon. John F. Lehman Jr. 1088 Park Avenue New York, NY 10128 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JF Lehman & Company Occupation Banker Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Walter R. Fatzinger 3452 Constellation Drive Davidsonville, MD 21035 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer First National Bank of Maryland Occupation Banker Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 8/4/94	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Mr. William E. Timmons 4426 Garfield St. NW Washington, DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Timmons & Company Occupation Business Executive Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Hon. William L. Armstrong 1625 Broadway #780 Denver, CO 80202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Hon. John S. Herrington 800 South Broadway Suite 300 Walnut Creek, CA 94596 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Businessman Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 8/5/94	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Mr. Michael L. Keiser 2450 Lakeview Chicago, IL 60614-2794 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RPG, Inc. Occupation Businessman Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 8/24/94	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Mr. Michael L. Keiser 2450 Lakeview Chicago, IL 60614-2794 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RPG, Inc. Occupation Businessman Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 9/21/94	Amount of Each Receipt this Period \$500.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Donald Rumsfeld 400 North Michigan Avenue Suite 405 Chicago, IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GD Searle Occupation CEO Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/27/94	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Mr. Samuel A. Hardage 6295 Calle del Alcazar PO Box 9464 Rancho Santa Fe, CA 92067 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Hardage Group of Companies Occupation Chairman Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. R. Quintus Anderson 111 West Second St. PO Box 310 Jamestown, NY 14702-0310 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Aarque Companies Occupation Chairman Aggregate Year-to-Date > \$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Hon. Andrew Lewis Jr. Union Pacific Corp. 1170 8th Ave. Bethlehem, PA 18018 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Union Pacific Corp. Occupation Chairman Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8/15/94	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Mrs. Sheila A. Smith 3843 NE. 90th St. Seattle, WA 98115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Church Secretary Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 8/23/94	Amount of Each Receipt this Period \$300.00
F. Full Name, Mailing Address and ZIP Code Hon. Martin Lawler Duggan 12571 Northwinds Drive St. Louis, MO 63146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Columnist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. David L. Neideffer 8710 Liberty Lane Potomac, MD 20854 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Consultant Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Roy Pfautch 52 Portland Place St Louis, MO 63108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CMC Service Occupation Consultant Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Hon. John A. Svahn 292 Oak Court Severna Park, MD 21146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Maximus Occupation Consultant Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 7/8/94	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Mr. Richard Richards 4612 Jefferson Ave Ogden, UT 84403 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Consultant Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Hon. Bryce L. Harlow 2324 Jackson Pkwy. Vienna, VA 22180-6966 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Timmons & Co. Occupation Consultant Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 7/28/94	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Mr. Harry E. Teasley, Jr. 4621 Bayshore Blvd. Tampa, FL 33611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Corporate Exec. Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 8/26/94	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Dr. Robert E. Moffit The Heritage Foundation 214 Massachusetts Avenue NE Washington, DC 20002 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Deputy Director, Domestic Policy Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 9/30/94	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Mr. Brian B. Abell Route 1 - Box 53 Highway 244 Leonardtown, MD 20650 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Federalist Society Occupation Development Director Aggregate Year-to-Date > \$ \$225.00	Date (month, day, year) 7/6/94	Amount of Each Receipt this Period \$225.00

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Hon. William Niskanen Jr. CATO Institute 1000 Massachusetts Ave. NW Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CATO Institute Occupation Economist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/2/94	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Mr. Mark Babunovic P.O. Box 2189 Church Street Station New York City, NY 10007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chase Manhattan Bank, Occupation Economist Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8/24/94	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Mr. Wayne Herkness, II P.O. Box 763 Salem, VA 24153 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dam Co. of Salem Occupation Engineer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/22/94	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Mr. Cesar B. Cabrera 1496 Hampton Hill Circle Mc Lean, VA 22101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rocca Dev. Corp. Occupation Engineer Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/6/94	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Mr. Christopher C. DeMuth 1201 Suffield Drive McLean, VA 22101-2348 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Enterprise Institute Occupation Exec. Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/12/94	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Mrs. Edith P. Kinley 34 Liberty Bell Circle Houston, TX 77024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kinley Co. Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Fred A. Lennon 29500 Solon Road Solon, OH 44139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer O Bit Co. Occupation executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Neal B. Freeman Blackwell Corporation 1000 Wilson Boulevard Arlington, VA 22209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Blackwell Corporation Occupation Executive Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Jane Freeman Blackwell Corporation 1000 Wilson Boulevard Arlington, VA 22209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Blackwell Corporation Occupation Executive Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. David M. Smick 16 Acton Place Annapolis, MD 21401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Johnson Smick International Occupation Executive Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8/12/94	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Mr. Stuart C. Irby, Jr. P.O. Box 1819 Jackson, MS 39215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Irby Construction Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/13/94	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Mr. William A. Dunn 309 East Osceola St. Stuart, FL 34994 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dunn Capital Management, Inc. Occupation Executive Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/6/94	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Mr. George Woloshyn 45 Delicious Road Linden, VA 22642 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Federal Housing Finance Board Occupation Executive Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Hon. Robert Ellsworth 24120 Old Hundred Road Dickerson, MD 20842-9663 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation Farmer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 	Amount of Each Receipt this Period

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Tim Hunter PO Box 13108 Arlington, VA 22219-3108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US Govt Occupation Foreign Service Officers Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Carolyn D. Meadows P.O. Box 670702 Marietta, GA 30065-0129 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/12/94	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Mrs. Rebecca Tomlinson 11 Apple Tree Close Chappaqua, NY 10514-1701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mrs. Ellen McDonald PO Box 155 Coker, AL 35452 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/7/94	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Mrs. Joyce Rumsfeld 400 North Michigan Avenue Suite 405 Chicago, IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/27/94	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Mrs. Faith P. Waters 1153 Grove Street Framingham, MA 1701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8/22/94	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Mrs. Beverly A. Thomas 9230 Club Glen Dallas, TX 75243 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer B & B Thomas-Actuary United Co. Occupation Insurance Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 	Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Edward F. Egan Hess, Egan & Hagerty 5530 Wisconsin Ave. #620 Chevy Chase, MD 20815 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hessegan Hagerty & I'Homefield Inter Occupation Insurance Bonding Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 7/6/94	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Mr. C. T. Hellmuth 8401 Connecticut Avenue Chevy Chase, MD 20815 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Insurance Broker Occupation Insurance Broker Aggregate Year-to-Date > \$ \$350.00	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Mr. William B. Snyder 5610 Wisconsin Ave. Apt. 1608 Chevy Chase, MD 20815 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Southern Heritage Holdings, Inc. Occupation Insurance Executive Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Mrs. Grace Boulton 1701 NE 63rd St. Oklahoma City, OK 73111 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Investments Aggregate Year-to-Date > \$ \$300.00	Date (month, day, year) 7/7/94 8/10/94 9/13/94	Amount of Each Receipt this Period \$100.00 \$100.00 \$100.00
E. Full Name, Mailing Address and ZIP Code Mr. Robert D. Stuart, Jr. 100 Field Drive Suite 150 Lake Forest, IL 60045 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer North Star Investments, Inc. Occupation Investors Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 7/25/94	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Mr. Eric R. Fox Ivins, Phillips & Barker 1700 Pennsylvania Avenue NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ivins, Phillips & Barker Occupation lawyer Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 7/27/94	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Hon. Daniel Oliver The Heritage Foundation 214 Massachusetts Avenue NE Washington, DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Heritage Foundation Occupation lawyer Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 7/27/94	Amount of Each Receipt this Period \$1,000.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Hon. William Bradford Reynolds 4090 Lee Highway Arlington, VA 22207 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Collier, Sheunion, Rill & Scott Occupation Lawyer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/15/94	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Mrs. Deborah Steelman 8523 Georgetown Pike McLean, VA 22102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Lawyer Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Hon. Edward C. Schmults 68 Pheasant Lane Greenwich, CT 6830 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired Occupation Lawyer Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/11/94	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Mr. Joseph P. Duggan 3632 Jennifer Street Washington, DC 20515 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Congressman Cox Occupation Legislative Assistant Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Michel N. Korbey 3903 Penderview Drive No. 1506 Fairfax, VA 22033 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United Seniors Assn. Occupation Manager Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/22/94	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Mr. William M. Schulz The Reader's Digest Assoc. Inc. 1730 Rhode Island Avenue NW Suite 406 Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Reader's Digest Occupation Managing Editor Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. John K. Funk 5827 Club Oaks Drive Dallas, TX 75248 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation oil business Aggregate Year-to-Date > \$ 825.00	Date (month, day, year) 7/14/94 9/12/94	Amount of Each Receipt this Period \$275.00 \$275.00

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Pastor Vincent J. Rigdon 7185 Benedict Ave. Benedict, MD 20612 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer St. Francis de Sales Church Occupation Pastor Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/10/94	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Dr. James Q. Whitaker P.O. Box 2981 Warner Robins, GA 31099 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Path. Inst. of Middle GA Occupation Pathologist Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8/22/94	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Mr. Clifford Stanton Heinz 3 Civic Plaza Suite 170 Newport Beach, CA 92660 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired Occupation personal investments Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Henry Salvatori 1901 Avenue of the Stars Suite 230 Los Angeles, CA 90067 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation personal investments Aggregate Year-to-Date > \$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Dr. David S. Tamaren 15 Willis Holden Drive Acton, MA 1720 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 7/6/94 8/11/94 9/12/94	Amount of Each Receipt this Period \$75.00 \$50.00 \$100.00
F. Full Name, Mailing Address and ZIP Code Dr. David S. Tamaren 15 Willis Holden Drive Acton, MA 1720 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 9/23/94	Amount of Each Receipt this Period \$25.00
G. Full Name, Mailing Address and ZIP Code Dr. Jeffrey A. Singer 4442 E. Horseshoe Rd. Phoenix, AZ 85028 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Valley Surgical Clinics, Ltd. Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/31/94	Amount of Each Receipt this Period \$250.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Robert W. Garthwait CLY-DEL Mfg. Co. PO Box 1367 Sharon Road Waterbury, CT 6716 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CLY-DEL Mfg. Co. Occupation Pres/CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Paul R. Farago 2815 SW Patton Lane Portland, OR 97201-1646 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Constructive Management Foundation Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Kirk L. Clinkenbeard C & C Consulting 1925 North Lynn Street Suite 1101 Arlington, VA 22209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C&C Consulting Occupation President Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 8/10/94 8/22/94	Amount of Each Receipt this Period \$250.00 \$250.00
D. Full Name, Mailing Address and ZIP Code Mr. Reed Larson National Right to Work Committee 8001 Braddock Road Springfield, VA 22160 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Right to Work Committee Occupation President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Walter G. Lukens III The Lukens Company 100 W. Cedar St. Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Lukens Company Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Richard A. Viguerie Viguerie Company 7777 Leesburg Pike Falls Church, VA 22043 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Viguerie Company Occupation President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8/19/94	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Rev. Paul M. Weyrich 12615 Lake Normandy Lane Fairfax, VA 22030 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Free Congress Foundation Occupation President Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 	Amount of Each Receipt this Period

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. C. Howard Wilkins Jr. 3030 K Street NW Washington, DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Maverick Development Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Hon. Everett Alvarez Jr. 1919 Sunrise Drive Rockville, MD 20854 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Conwal, Inc. Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/24/94	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Hon. Edwin J. Feulner Jr. 6216 Berkeley Road Alexandria, VA 22205 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Heritage Foundation Occupation President Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 7/5/94	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Mr. Roger Hertog 57 Old Orchard Lane Scarsdale, NY 10533-4310 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer S.C. Bernstein & Co. Occupation President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/6/94	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Mrs. Susan Ann Salinger Woodmore 11812 Bishop's Content Mitchellville, MD 20721 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DAP Occupation Product Control Supt. Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Denis J. Healy 9 Indian Hill Winnetka, IL 60093 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Professor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Professor Leonard Liggio Institute for Humane Studies 4084 University Dr., Ste 101 Fairfax, VA 22030-6812 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Institute for Humane Studies Occupation Professor Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/13/94	Amount of Each Receipt this Period \$1,000.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Stephen T. LeBlanc 1029 N. Stuart St. #105 Arlington, VA 22201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US Govt Occupation Public Affairs Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. J. A. Parker Jay Parker and Associates 10315 Georgetown Pike Great Falls, VA 22066 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation public affairs Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Charles R. Black Jr. 208 Virginia Avenue Alexandria, VA 22302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Black, Manafort, Stone & Kelly, Inc. Occupation Public Affairs Consultant Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/1/94	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Mr. Richard M. Scaife Three Mellon Bank Center 525 William Penn Place Suite 3900 Pittsburgh, PA 15219-1708 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tribune Review Publishing Co. Occupation Publisher Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Alfred S. Regnery 1667 K Street, NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Publisher Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 7/21/94 8/8/94 8/29/94	Amount of Each Receipt this Period \$200.00 \$300.00 \$100.00
F. Full Name, Mailing Address and ZIP Code Mr. Thomas L. Phillips Phillips Publishing International 5610 Wisconsin Avenue Penthouse No. 17E Chevy Chase, MD 20815 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Phillips Publishing International Occupation Publishing Executive Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/6/94	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Mr. James J. Callan 5509 N. Berkeley Blvd. Whitefish, WI 53217 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer James L. Callan, Inc. Occupation Real Estate Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/23/94	Amount of Each Receipt this Period \$250.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Lester L. Weindling 1775 Broadway New York, NY 10019 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Real Estate Management Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/26/94	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Mr. Allan C. Mayer 7037 North 46th Place Paradise Valley, AZ 85253 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ret Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. F. Evans Farwell 228 St. Charles Sreet Ste 1314 Suite 1314 New Orleans, LA 70130-2615 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired Occupation Retired Aggregate Year-to-Date > \$ 350.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Ms. Elizabeth C. Nooney 3045 Braeloch Cir. East Clearwater, FL 34621-2708 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Preston A. Wells Jr. PO Box 14338 Fort Lauderdale, FL 33302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired Occupation Retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Ms. Mildred King Dunn 913 Harvard Ave E Seattle, WA 98102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Edgar S. Lewis 630 East Dr. Sewickley, PA 15143 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period \$200.00

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SCHEDULE A

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Ms. Evangeline M. Tremaine PO Box 205 Decatur, NE 68020 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$130.00	Date (month, day, year) 9/7/94 9/12/94	Amount of Each Receipt this Period \$50.00 \$50.00
B. Full Name, Mailing Address and ZIP Code Ms. Evangeline M. Tremaine PO Box 205 Decatur, NE 68020 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$75.00	Date (month, day, year) 9/27/94	Amount of Each Receipt this Period \$75.00
C. Full Name, Mailing Address and ZIP Code Mr. Rawleigh Warner Jr. PO Box 2072 New York, NY 10163 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 8/16/94	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Hon. John L. Ryan 102 Forest Boulevard Indianapolis, IN 46240 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Edmund B. Thornton PO Box 1 Ottawa, IL 61350 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. John W. Galbraith Bayfront Tower No. 1802 One Beach Drive St. Petersburg, FL 33701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 7/6/94	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Mr. George P. Younissin 4706 25th Street Mt. Rainier, MD 20712 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$400.00	Date (month, day, year) 7/20/94	Amount of Each Receipt this Period \$400.00

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. George P. Yourishin 4706 25th Street Mt. Rainier, MD 20712 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period \$400.00
B. Full Name, Mailing Address and ZIP Code Mr. Peter M. Flanigan 200 Anderson Hill Rd. Purchase, NY 10577 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Mrs. Nancy A. Follansbee 800 Andorra Road Lafayette Hill, PA 19444 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired/housewife Occupation Retired/housewife Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Charles P. Mc Quaid 207 56th St. Downers Grove, IL 60516 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wanger Asset Management Occupation Securities Analyst Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 8/22/94	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Mr. Donald E. Smolinski 6770 Ben Creek Rd. St. Leonard, MD 20685 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HDW LTD Occupation self Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 7/20/94 8/17/94	Amount of Each Receipt this Period \$250.00 \$100.00
F. Full Name, Mailing Address and ZIP Code Mr. Leon L. Mefford 1241 Sweetwater Dr. Cincinnati, OH 45215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lazard Freres & Co. Occupation Senior Advisor Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/24/94	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Dr. Bohdan Denysyk Global USA Inc. 1301 19th Road S. Arlington, VA 22202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Global USA Occupation SeniorVP Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. J. E. B. Carney Meadowood Farm Woodville, VA 22749 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Viguerie Co. Occupation Vice President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Mary S. Kohler PO Box 897 Sheboygan, WI 53082-0897 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Windway Foundation Inc. Occupation Vice President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mrs. Mary S. Kohler PO Box 897 Sheboygan, WI 53082-0897 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Windway Foundation Inc. Occupation Vice President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. John Von Kannon The Heritage Foundation 214 Massachusetts Avenue NE Washington, DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Heritage Foundation Occupation Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Donald C. Wood 215 Viking Place Danville, CA 94526 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Triad Systems Occupation Vice President Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 7/6/94 8/10/94	Amount of Each Receipt this Period \$100.00 \$50.00
F. Full Name, Mailing Address and ZIP Code Mr. Donald C. Wood 215 Viking Place Danville, CA 94526 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Triad Systems Occupation Vice President Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/21/94 9/28/94	Amount of Each Receipt this Period \$50.00 \$50.00
G. Full Name, Mailing Address and ZIP Code Mr. Dennis H. Dunn 7573 Whitespray Drive Vancouver, BC V5X 4T3 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Writer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/29/94	Amount of Each Receipt this Period \$500.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Eduardo L. Pacheco-Subauste 154 Cambridge G West Palm Beach, FL 33417-1326 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 8/23/94 9/13/94	Amount of Each Receipt this Period \$100.00 \$100.00
B. Full Name, Mailing Address and ZIP Code Mr. Eduardo L. Pacheco-Subauste 154 Cambridge G West Palm Beach, FL 33417-1326 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/27/94	Amount of Each Receipt this Period \$100.00
C. Full Name, Mailing Address and ZIP Code Mr. T. Kenneth Cribb, Jr. Intercollegiate Studies Institute 14 South Bryn Mawr Ave. Bryn Mawr, PA 19010 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/27/94	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Mr. Bruce Eberle 1449 Montague Drive Vienna, VA 22182 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 650.00	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period \$650.00
E. Full Name, Mailing Address and ZIP Code Mrs. Katherine M. Eberle 1449 Montague Drive Vienna, VA 22182 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period \$600.00
F. Full Name, Mailing Address and ZIP Code Mr. David Jones 520 Hillwood Drive Nashville, TN 37205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/29/94	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Hon. M. Peter McPherson Michigan State University Cowles House-1 Abbott Road East Lansing, MI 48824 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8/17/94	Amount of Each Receipt this Period \$1,000.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. William D. Mounger Delta Royalty Company 1601 Deposit Guarantee Bldg. Jackson, MS 39201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Howard Phillips Conservative Caucus Foundation 450 Maple Avenue East Suite 309 Vienna, VA 22180 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 9/28/94	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Mr. Clarke Reed 139 Bayou Road Greenville, MS 38701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation Aggregate Year-to-Date > \$ \$400.00	Date (month, day, year) 7/8/94	Amount of Each Receipt this Period \$400.00
D. Full Name, Mailing Address and ZIP Code Hon. Delbert L. Spurlock Jr. 11304 Wedge Drive Reston, VA 22090-4834 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 8/16/94	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code The Honorabale Wayne H. Valis Valis Associates 17478 Pennsylvania Ave NW #850 Washington, DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$400.00	Date (month, day, year) 9/30/94	Amount of Each Receipt this Period \$400.00
F. Full Name, Mailing Address and ZIP Code Hon. Mari Maseng Will Maseng Communications 1455 Pennsylvania Ave. NW #350 Washington, DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Hon. Gerald J. Mossinghoff 1530 North Key Blvd. #PH28 Arlington, VA 22209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 8/18/94	Amount of Each Receipt this Period \$250.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Scott Woodward Gordon Northwood University Midland, MI 48640 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/27/94	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Mr. William J. Hume 600 Montgomery Street San Francisco, CA 94111 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/6/94	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Mr. Peter M. Kilcuilen 464 S. Union St. Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7/7/94	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Mrs. Constance D. Antonsen 109 Plantation Drive Spartanburg, SC 29302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/7/94 9/1/94	Amount of Each Receipt this Period \$500.00 \$500.00
E. Full Name, Mailing Address and ZIP Code Hon. James H. Burnley IV Winston & Strawn 1400 L St. NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Winston & Strawn Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/27/94	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Dr. James F. Hoobler 11410 Strand Drive Rockville, MD 20852 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US Gov Sm Bus Admin Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 7/6/94 8/19/94	Amount of Each Receipt this Period \$100.00 \$100.00
G. Full Name, Mailing Address and ZIP Code Dr. James F. Hoobler 11410 Strand Drive Rockville, MD 20852 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US Gov Sm Bus Admin Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 9/15/94 9/30/94	Amount of Each Receipt this Period \$100.00 \$200.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. T. E. Stivers P.O. Box 608 Decatur, GA 30031 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$150.00	Date (month, day, year) 7/28/94 8/29/94	Amount of Each Receipt this Period \$100.00 \$50.00
B. Full Name, Mailing Address and ZIP Code Mr. T. E. Stivers P.O. Box 608 Decatur, GA 30031 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year) 9/23/94	Amount of Each Receipt this Period \$100.00
C. Full Name, Mailing Address and ZIP Code Mr. James L. Waters 1153 Grove Street Framingham, MA 1701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transtec Occupation Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 8/22/94	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Mr. Leslie Rose 411 South Woodward Apt. 502 Birmingham, MI 48009 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 8/23/94	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Mrs. Patricia Brown 695 Town Center Dr.. Ste. 1460 Costa Mesa, CA 92626 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 8/23/94	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Mr. James T. Lynn 6901 Radnor Rd. Bethesda, MD 20817 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 8/24/94	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Mr. Paul E. Knag 27 Miller Rd. Darien, CT 6820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period \$250.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code

Mr. Richard E. Offerdahl
P.O. Box 7899
Incline Village, NV 89452-7899

Name of Employer

Date (month,
day, year)

8/26/94

Amount of Each
Receipt this Period
\$1,000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

B. Full Name, Mailing Address and ZIP Code

Mr. Gordon Cain
3711 San Felipe
Houston, TX 77027

Name of Employer

Date (month,
day, year)

8/26/94

Amount of Each
Receipt this Period
\$1,000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

C. Full Name, Mailing Address and ZIP Code

Mr. Marvin Williams
1934 Panama St.
Philadelphia, PA 19103

Name of Employer

Date (month,
day, year)

8/26/94

Amount of Each
Receipt this Period
\$250.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 250.00

D. Full Name, Mailing Address and ZIP Code

Mr. Barre Seid
500 N. Orleans
Chicago, IL 60610

Name of Employer

Date (month,
day, year)

8/26/94

Amount of Each
Receipt this Period
\$1,000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

E. Full Name, Mailing Address and ZIP Code

Mrs. Barre Seid
500 N. Orleans
Chicago, IL 60610

Name of Employer

Date (month,
day, year)

8/26/94

Amount of Each
Receipt this Period
\$1,000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

F. Full Name, Mailing Address and ZIP Code

Mr. Thomas W. Smith
323 Railroad Avenue
Greenwich, CT 6830

Name of Employer

Prescott Investors

Date (month,
day, year)

8/26/94

Amount of Each
Receipt this Period
\$1,000.00

Occupation

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

G. Full Name, Mailing Address and ZIP Code

Mr. Albert Zentkovich
11207 Lakeview Drive
Dunkirk, MD 20754

Name of Employer

Z Printing

Date (month,
day, year)

9/30/94

Amount of Each
Receipt this Period
\$650.00
IN KIND
Printing

Occupation

Printer

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 650.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Ray B. Zemon 407 N. Kenilworth Ave. Oak Park, IL 60302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CATO Institute Occupation	Date (month, day, year) 8/26/94	Amount of Each Receipt this Period \$1,000.00 Aggregate Year-to-Date > \$ \$1,000.00
B. Full Name, Mailing Address and ZIP Code Mr. Joseph W. Donner 900 3rd Ave. #1200 New York, NY 10022-4728 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 8/30/94	Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date > \$ \$500.00
C. Full Name, Mailing Address and ZIP Code Mr. Howard S. Rich Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 9/1/94	Amount of Each Receipt this Period \$1,000.00 Aggregate Year-to-Date > \$ \$1,000.00
D. Full Name, Mailing Address and ZIP Code Mr. M. Blair Hull 311 S. Wacker Dr. Ste. 1400 Chicago, IL 60606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 9/1/94	Amount of Each Receipt this Period \$1,000.00 Aggregate Year-to-Date > \$ \$1,000.00
E. Full Name, Mailing Address and ZIP Code Mr. Richard B. Wright One Wright Place Barberton, OH 44203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 9/2/94	Amount of Each Receipt this Period \$350.00 Aggregate Year-to-Date > \$ \$350.00
F. Full Name, Mailing Address and ZIP Code Dr. Richard Wirthlin Wirthlin Group 1363 Beverly Rd McLean, VA 22101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 8/31/94	Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date > \$ \$250.00
G. Full Name, Mailing Address and ZIP Code Mr. Joseph N. Ignat 1570 Emerson St. Denver, CO 80218 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 9/16/94	Amount of Each Receipt this Period \$300.00 Aggregate Year-to-Date > \$ \$300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

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Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Foster Friess PO Box 4166 Greenville, DE 19807	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	9/21/94	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Richard M. De Vos, Jr. 2003 Hillsboro Ave., S.E. Grand Rapids, MI 49546	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	9/21/94	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Mr. Kirk L. Clinkenbeard 119 Gretna Green Ct. Alexandria, VA 22304	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	9/30/94	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$59,450.

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code

Mr. Kenneth L. Adams
219 Potomac Heights
Hagerstown, MD 21742

Name of Employer

Steffey & Findlay Inc.

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Retailer

Aggregate Year-to-Date > \$ \$50.00

B. Full Name, Mailing Address and ZIP Code

Dr. A. Royal Remsburg Jr.
1003 W. 7th St #A-B
Frederick, MD 21701-4106

Name of Employer

Self employed

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Optometrist

Aggregate Year-to-Date > \$ \$25.00

C. Full Name, Mailing Address and ZIP Code

Mr. M. Dale Rogers
15202 Clondessey Ct
Silver Spring, MD 20906

Name of Employer

Retired

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Retired

Aggregate Year-to-Date > \$ \$150.00

D. Full Name, Mailing Address and ZIP Code

Mr. John B. Metelski
Box 706
Gibson Island, MD 21056

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ \$50.00

E. Full Name, Mailing Address and ZIP Code

Mr. August Belmont
27027 Presquile Road
Easton, MD 21601

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ \$25.00

F. Full Name, Mailing Address and ZIP Code

Ms. Sallie B. Bloomfield
7112 Autumn Leaf Lane
Frederick, MD 21702

Name of Employer

Hopkins Lull Temp Agency

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Temp. Secretary

Aggregate Year-to-Date > \$ \$10.00

G. Full Name, Mailing Address and ZIP Code

Mr. John C. Boland
714 St Johns Road
Baltimore, MD 21210

Name of Employer

Self-employed

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

writer

Aggregate Year-to-Date > \$ \$100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 54
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Robert J. Brown 8384 Discovery Blvd Walkersville, MD 21793 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Phyllis M. Chait 3601 Greenway #701 Baltimore, MD 21218 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date > \$ 85.00	Date (month, day, year) 	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Bryson G. Christhlf Sr. 112 West Timonium Road Timonium, MD 21093 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer S.M. Christhlf & Son Inc. Occupation Executive Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Robert E. Cox Box 297 Saint Michaels, MD 21663-0297 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. James K. Donahue 11007 Falls Road Lutherville, MD 21093 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Richard W. Fairbanks 406 Old Orchard Road Baltimore, MD 21229 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 60.00	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Col John T. Gleason (Ret.) 13224 Warburton Drive Ft. Washington, MD 20744 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IBM Occupation Project Manager Aggregate Year-to-Date > \$ 20.00	Date (month, day, year) 	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Dr. Marshall Greenblatt 10830 Spring Knoll Drive Potomac, MD 20854 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation consultant Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. William B. Hendricks 2435 Still Forest Road Baltimore, MD 21208 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$ \$35.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mrs. Dorothy D. Hodges 306 Careybrook Lane Oxon Hill, MD 20745 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired secretary Occupation Retired secretary Aggregate Year-to-Date > \$ \$35.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Reed J. Irvine 11120 Nicholas Drive Silver Spring, MD 20902 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. John Kilbane 6525 Bradley Boulevard Bethesda, MD 20817 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation self-employed Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Dr. Lawrence M. King 7200 Swansong Way Bethesda, MD 20817 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Ms. Obee O'Brien Littin 5105 Duval Drive Bethesda, MD 20816 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Litton Inc. Occupation Real Estate Broker Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Roger Pilon 8601 Fenway Road Bethesda, MD 20817 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Thomas P. Sheahan 18708 Woodway Drive Derwood, MD 20855 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Western Techn., Inc. Occupation Physicist Aggregate Year-to-Date > \$ \$65.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Jeffrey B. Smith 100 Light Street Baltimore, MD 21202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lawyer Occupation Lawyer Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Robert Thiebolt 1508 Park Avenue Baltimore, MD 21217 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thiebolt Ryan Martin & Ferguson Occupation Attorney Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Elmar Treptow 2811 Bauernwood Avenue Baltimore, MD 21234 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Harry H. Witzke 4010 St. Johns Lane Ellicott City, MD 21042 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$30.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Reverend Robert T. Woodworth 8928 Satyr Hill Road Baltimore, MD 21234 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Christ & Country Church Occupation Clergyman Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Ms. Caroline S. Albert 510 Boston Avenue Takoma Park, MD 20912 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired Occupation Retired Aggregate Year-to-Date > \$ \$5.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Edna W. Brown 8104 Valley Lane Ellicott City, MD 21043 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$75.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Donald F. Fitzgerald PO Box 75 Thurmont, MD 21788-0075 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Shewell D. Keim 1301 Laurel Dr. Accokeek, MD 20607 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Engineer Aggregate Year-to-Date > \$ \$110.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Samuel J. Kryder 3605 Gregg Rd. Brookeville, MD 20833 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$65.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mrs. Rachel M. Lederer 15600 Baden Westwood Rd. Brandywine, MD 20513 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$55.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Carlyle N. Montanye Jr. 4500 Prospect Avenue Glyndon, MD 21071 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gettier-Montanya Inc. Occupation Sales Promotion Exec. Aggregate Year-to-Date > \$ \$15.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Justin E. Morrill 5185 Downwest Ride Columbia, MD 21044-1505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$90.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Ms. Irene W. Schlup ??? (none provided) Leonardtown, MD 20650 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired Occupation Retired Aggregate Year-to-Date > \$ \$20.00	Date (month, day, year) 	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. William B. Snyder 5610 Wisconsin Ave. Apt. 1608 Chevy Chase, MD 20815 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Southern Heritage Holdings Inc. Occupation Insurance Exec. Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. A. J. Thieblot 220 W. Saratoga St. Baltimore, MD 21201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Daniel R. Armitage 196 Flower Dr. Lexington Park, MD 20653 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$75.00	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. John M. Brennan 3463 Constellation Drive Davidsonville, MD 21035 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brennan Title Company Occupation President Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Rev. St George I.B. Crosse 3509 Kings Point Road Randallstown, MD 21133 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$150.00	Date (month, day, year) 	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

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Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Steven A. Loewy 111 Calvert Street #2700 Baltimore, MD 21202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Col. Rufus R. Heisterberg (Ret) 9524 Victoria Dr. Upper Marlboro, MD 20772-4365 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US Air Force Occupation Retired Aggregate Year-to-Date > \$ \$30.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Ms. Arlene E. Baybutt PO Box 239 Easton, MD 21601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Barry J. Sullivan 9817 Golden Russett Drive Dunkirk, MD 20754 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Federal Employee Occupation Retired Federal Employee Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Raymond H. Szyperski 332 Marganza South Laurel, MD 20724 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Federal Trade Commission Occupation Attorney Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Robert M. Frisby 20518 Sterncroft Ct. Gaithersburg, MD 20879 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Lawyer Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. George Lewis Price 4 Panorama Dr. Oxon Hill, MD 20745 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>Retired</u> Aggregate Year-to-Date > \$ <u>\$20.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Mary C. Szyperski 332 Marganza So. Laurel, MD 20724 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>Retired</u> Aggregate Year-to-Date > \$ <u>\$50.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. John J. Masters 4104 Yardley Ct. Bowie, MD 20715 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>\$25.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Ms. Winifred Gaha 4816 Berwyn Rd. College Park, MD 20740 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>Retired</u> Aggregate Year-to-Date > \$ <u>\$25.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code LtCol. William L. Hollis USMCR (Ret) 11335 Melclare Drive Beltsville, MD 20705 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>Retired</u> Aggregate Year-to-Date > \$ <u>\$50.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. William E. Davidson III 1710 Nimitz Dr. Annapolis, MD 21401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Anne Arundel Co. Public Schools Occupation <u>Pupil Personnel Worker</u> Aggregate Year-to-Date > \$ <u>\$15.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mrs. Elizabeth D. Kinney 2515 Carrollton Rd. Annapolis, MD 21403 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>\$25.00</u>	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Lillian L. Harvey 5605 37th Ave. Hyattsville, MD 20782	Prince George's County School System		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$125.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Beatrice E. Lee 746 Farmington Rd. West Accokeek, MD 20607			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$25.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Norris Jay Hanks PO Box 190 Hollywood, MD 20636	Self		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer		
	Aggregate Year-to-Date > \$	\$25.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Col. John W. Chesley Jr. (Ret) 11001 Mariner Dr. Fort Washington, MD 20744	United States Army		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$60.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John M. Lindsay 3030 Bowie Ln. Huntingtown, MD 20639	NASA/GSFC		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NASA/GSFC		
	Aggregate Year-to-Date > \$	\$45.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Benton E. Reams 3505 Madonna Ln. Bowie, MD 20715			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Thomas R. Doyle Star Rt.2 Box 9 Valley Lee, MD 20692			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired Police Officer		
	Aggregate Year-to-Date > \$	\$50.00	

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Dr. Milos A. Jansa 7403 Varnum St. Landover Hills, MD 20784 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Medical Aggregate Year-to-Date > \$ \$199.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Suzanne K. Peyser 7 Arrowood Terrace Bethesda, MD 20817 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mrs. Hazel K. Bergstrom 3443 Memphis Lane Bowie, MD 20715-1041 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mrs. Georgann L. Kates 10910 Dumbarton Drive P.O. Box 1233 Dunkirk, MD 20754 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mrs. Janet H. Doering 11905 Chantilly Lane Mitchellville, MD 20716 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$5.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mrs. Audrey G. Currutt 10400 Truxton Road Adelphi, MD 20783 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mrs. Winifred A. Brickley 4710 Cedell Place Camp Springs, MD 20748 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code

Mr. C. Steele Alvey
4068 Waterview Drive
Edgewater, MD 21037

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Retired

Aggregate Year-to-Date > \$ 75.00

B. Full Name, Mailing Address and ZIP Code

Mrs. Helen R. Fister
2747 Rutland Road
Davidsonville, MD 21035

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Retired

Aggregate Year-to-Date > \$ 35.00

C. Full Name, Mailing Address and ZIP Code

Ms. Dorothy Broach
2785 Adelina Road
Prince Frederick, MD 20678

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Retired

Aggregate Year-to-Date > \$ 40.00

D. Full Name, Mailing Address and ZIP Code

Mr. Edward R. Reilly
P.O. Box 3803
Crofton, MD 21114

Name of Employer
Self

Date (month,
day, year)

Amount of Each
Receipt this Period

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Insurance Salesman

Aggregate Year-to-Date > \$ 50.00

E. Full Name, Mailing Address and ZIP Code

Mr. Paul Wolfowitz
3804 Shepard Street
Chevy Chase, MD 20815

Name of Employer

Johns Hopkins

Date (month,
day, year)

Amount of Each
Receipt this Period

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Professor

Aggregate Year-to-Date > \$ 100.00

F. Full Name, Mailing Address and ZIP Code

Mr. Muriel M. Selph
Wicomico Knolls Farm
Mt. Victoria, MD 20661

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 25.00

G. Full Name, Mailing Address and ZIP Code

Mr. Charles G. Hill
P.O. Box 403
Upper Marlboro, MD 20773

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 25.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Gerard F. Kiernan 5309 Riverdale Rd. Riverdale, MD 20737 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Electrical Engineer Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. John B. Bourne 7011 Chansory Ln. Hyattsville, MD 20782 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Richard A. Craig 5801 Woodyard Rd. No. 27 Upper Marlboro, MD 20772 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired USAF MSGT Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Arthur B. Moulton Rt. 5 PO Box 3 Scotland, MD 20687 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mrs. Mary R. Vinovich 6413 Forest Rd. Cheverly, MD 20785 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Ms. Edith L. Ways 4410 38th St. Brentwood, MD 20722 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ \$2.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Charles W. Kingston Jr. 1916 Pometacon Dr. Hanover, MD 21076 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year)	Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Steven Hartin 6671 Athol Ave. Elkridge, MD 21227			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$35.00	
B. Full Name, Mailing Address and ZIP Code Mr. David A. Rust 114 Calvert Rd. Rockville, MD 20850	Name of Employer USDA	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation federal Employee		
	Aggregate Year-to-Date > \$	\$25.00	
C. Full Name, Mailing Address and ZIP Code Mr. Hyde H. Murray 432 Rosier Rd. Ft. Washington, MD 20744	Name of Employer American Farm Bureau Federation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	\$50.00	
D. Full Name, Mailing Address and ZIP Code Mrs. Barbara Anderson 3900 Old Crain Hwy. Upper Marlboro, MD 20772	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$100.00	
E. Full Name, Mailing Address and ZIP Code Mr. Louis R. Baumgaertner 3101 Superior Lane Bowie, MD 20715	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$20.00	
F. Full Name, Mailing Address and ZIP Code Mr. John G. Evans, Jr. 1123 Poplar Wood Drive California, MD 20519	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$25.00	
G. Full Name, Mailing Address and ZIP Code Mr. James L. George 8615 Timber Hill Lane Potomac, MD 20854	Name of Employer self	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$100.00	

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Col. Meredith E. Hendricks 11746 Lucknow Lane La Plata, MD 20646 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Robert S. Horne P.O. Box 160 Lexington Park, MD 20653 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Edward H. Long P.O. Box 614 Leonardtown, MD 20650 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 40.00	Date (month, day, year) Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. John W. McKiernan 60 Macrae Ave. Prince Frederick, MD 20678 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. John H. McWilliams, Sr. 1101 Strauss Ave. Indian Head, MD 20640 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Harold C. Warder 1 Pine Street Indian Head, MD 20640 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. William W. Heintz 4701 Bayfields Rd. Harwood, MD 20776-9576 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 45.00	Date (month, day, year) Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. George D. Hornickel 6016 Arbutus Lane Clinton, MD 20735	Name of Employer Grace Brethren Christian	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Teacher	Aggregate Year-to-Date > \$ \$20.00	
B. Full Name, Mailing Address and ZIP Code Mr. Ellis E. Meredith 7600 Carter Ct. Bethesda, MD 20817	Name of Employer Allied Realty	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date > \$ \$100.00	
C. Full Name, Mailing Address and ZIP Code Ms. Alice B. Moran 6802 Dartmouth Ave College Park, MD 20740-3704	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ \$25.00	
D. Full Name, Mailing Address and ZIP Code Ms. Leone Phillip 222 South River Club House Road Harwood, MD 20776-9531	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ \$25.00	
E. Full Name, Mailing Address and ZIP Code Mr. St. Clair Reeves 4608 Guilford Rd. College Park, MD 20740	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ \$50.00	
F. Full Name, Mailing Address and ZIP Code Mr. George Stephens Star Route Box 30 Avenue, MD 20609	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ \$25.00	
G. Full Name, Mailing Address and ZIP Code Col. Ronald R. Austin 9302 Fairhaven Avenue Upper Marlboro, MD 20772	Name of Employer NEA	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ \$20.00	

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

<p>A. Full Name, Mailing Address and ZIP Code Mr. Larry L. Shanks 16210 Oxford Ct. Mitchellville, MD 20715</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ \$60.00</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>B. Full Name, Mailing Address and ZIP Code Mrs. Sally K. Wallace 1911 Erie Street Hyattsville, MD 20783-2330</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ \$25.00</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code Mr. Richard L. Andrews 29267 Corbin Pkwy. Easton, MD 21601</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer State of MD</p> <p>Occupation Govt Employee</p> <p>Aggregate Year-to-Date > \$ \$100.00</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Wallace R. Fanning 3748 Hardesty Rd. Harwood, MD 20776</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Citibank</p> <p>Occupation Collector</p> <p>Aggregate Year-to-Date > \$ \$100.00</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code Mr. Gilbert L. Hardesty 5329 Brooks Wood Rd. Lothian, MD 20711-9509</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Crestar</p> <p>Occupation Bank President</p> <p>Aggregate Year-to-Date > \$ \$100.00</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code Mr. Vaughn G. O'Hara 13004 Forest Drive Bowie, MD 20715</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ \$125.00</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code Mr. David S. Aswad 1703 Woolford Gambrills, MD 21054-1800</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Dept. of Defense</p> <p>Aggregate Year-to-Date > \$ \$35.00</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Leonard B. Fleming 5804 Bucknell Terr. College Park, MD 20740-2617	Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$25.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Col. Carl A. Peterson 8511 Montpelier Drive Laurel, MD 20708			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RADM. Robert O. Welander PO Box 123 Galesville, MD 20765			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$35.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Christine Savich 9109 Tallfield Court Lahnam, MD 20706			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. J. Donald Burroughs PO Box 397 Charlotte Hall, MD 20622			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$25.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. George B. Delaplaine, Jr. 11732 Old Annapolis Rd. Frederick, MD 21701			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$25.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ralph L. Robinson 4009 Parkwood St. Brentwood, MD 20722	Comp. & Electronics Programming		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$35.00	

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Ms. Elsie L. Perry Conlyn 4025 Adelina Rd. Prince Frederick, MD 20678 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>Retired</u> Aggregate Year-to-Date > \$ <u>\$35.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Miss Vivian Michaud 8604 Temple Hill Rd. Templ Hills, MD 20748-5509 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>Retired</u> Aggregate Year-to-Date > \$ <u>\$25.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mrs. Frances M. Wootton 393 Blossom Tree Drive Annapolis, MD 21401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>unemployed</u> Aggregate Year-to-Date > \$ <u>\$25.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Ms. Harriett S. Wright 5914 85th Avenue New Carrollton, MD 20784 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>\$50.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Ms. Lorna Kent 9636 Elrod Rd. Kensington, MD 20895 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>\$50.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Thomas E. Hutchins P.O. Box 733 White Plains, MD 20695 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>\$12.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Ms. Janice R. Wilhelm P.O. Box 1521 La Plata, MD 20646 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>\$24.00</u>	Date (month, day, year)	Amount of Each Receipt this Period

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Scott Stevenson 12148 Pine Tree Ln. Lusby, MD 20657			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$12.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. J. Lynn Rees Nalley P.O. Box 153 Spruce Street La Plata, MD 20645			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$12.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Joe Norris P.O. Box 1947 La Plata, MD 20646			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$12.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert Barbour P.O. Box 1098 La Plata, MD 20646			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$24.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Raymond W. Barry 2106 Chapman Rd. W. Hyattsville, MD 20783			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$10.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Virginia Magurn 1732 Friar Ct. Crofton, MD 21114	Federal Trade Commission		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Budget Analyst		
	Aggregate Year-to-Date > \$	\$25.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Don R. Burks, Ret. AF. 11404 Carroll Ct. Upper Marlboro, MD 20772	Self		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$50.00	

SUBTOTAL of Receipts This Page (optional)

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OFFICE OF THE CLERK OF THE HOUSE OF REPRESENTATIVES

SCHEDULE A

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Jerry C. Robison Rt. 2, Box 177AA Bryans Road, MD 20616	Name of Employer Delancey Printers	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pressman		
	Aggregate Year-to-Date > \$ 25.00		
B. Full Name, Mailing Address and ZIP Code Mrs. Margaret R. Martin 3651 Patuxent River Rd. Davidsonville, MD 21035	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$ 25.00		
C. Full Name, Mailing Address and ZIP Code Mr. Robert E. Nixon 3257 Ryon Court Waldorf, MD 20601	Name of Employer US Secret Service	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Police Officer		
	Aggregate Year-to-Date > \$ 20.00		
D. Full Name, Mailing Address and ZIP Code Ms. Elizabeth J. Hofer RR 3, Box 19 Freeman, MD 57029	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 10.00		
E. Full Name, Mailing Address and ZIP Code Col. Colin F. Burch Riverview Farm Avenue, MD 20609	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 50.00		
F. Full Name, Mailing Address and ZIP Code Mr. G. Yazdani Siddiqui 6403 Brays Street Lahnam, MD 20706	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Librarian		
	Aggregate Year-to-Date > \$ 25.00		
G. Full Name, Mailing Address and ZIP Code Mr. Donald M. Zimmerman 9315 Woodberry St. Seabrook, MD 20706	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$ 25.00		

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SCHEDULE A

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Harvey L. Stolworthy 9535 Montrose St. Upper Marlboro, MD 20772 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year) Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. George M. Sliker Green Landing Nursery 5810 Green Landing Road Upper Marlboro, MD 20772 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Self Landscaper Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year) Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Brian H. Kyle 15815 Haynes Road Laurel, MD 20707 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Keebler Foodservice Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Joseph H. Remont 4908 Olive Street Shady Side, MD 20754 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Jeffrey R. Smith 1244 Baliol Lane Odenton, MD 21113 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Roy T. Sparks 9207 Dandelion Lane Upper Marlboro, MD 20772 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year) Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Elliot C. Flick III 3734 6th Street North Beach, MD 20714 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Balt Gas & Elec Nuclear Engineer Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Raymond J. Briscuso, Jr. 9110 Harrington Drive Potomac, MD 20854	Name of Employer Biotechnology Industry Occupation Attorney	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code Mr. Leo B. Shanley Rt. 2 Box 153 Charlotte Hall, MD 20622	Name of Employer Baltimore Gas and Electric Occupation Engr.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 25.00		
C. Full Name, Mailing Address and ZIP Code Mr. Marvin J. Hout 12105 Foxhill Lane Bowie, MD 20715	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 10.00		
D. Full Name, Mailing Address and ZIP Code Mr. Eugene F. McArdle 9797 Good Luck Rd. No. 3 Seabrook, MD 20706	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 25.00		
E. Full Name, Mailing Address and ZIP Code Mr. John L. Phillips 12016 Fairway Court Glenn Dale, MD 20769	Name of Employer Metro Occupation Technician	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 10.00		
F. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Donald E. Strawser 241 Sun Park Lane Huntingtown, MD 20639	Name of Employer Dept. of the Navy Occupation Engineer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 25.00		
G. Full Name, Mailing Address and ZIP Code Mrs. Sara J. Walker 16117 Jerald Road Laurel, Md 20707	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 25.00		

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SCHEDULE A

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Keith R. Crissman 11529 Tomahawk Trail-West Lusby, MD 20657 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BG & E Occupation Electrical Planner Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Ruth Irene Johnson 10994 Webster Drive Cove Point Beach Lusby, MD 20657 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Kenneth W. Wairath 5 Spring Valley Ct. Lexington Park, MD 20653 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer U.S. Govt. Occupation Civil Servant Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mrs. Debra Dicamillo 11616 Lighthouse Drive Laurel, MD 20708 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. John L. Riordan P.O. Box 567 4013 Foreston Road Beltsville, MD 20704-0567 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. G. E. Colie 1311 Avalon Blvd. Shady Side, MD 20764 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Trugreen/Chemlawn Occupation Aggregate Year-to-Date > \$ 1.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Gary C. Beaver P.O. Box 1711 Prince Georges Plaza Hyattsville, MD 20782 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer USDA Occupation Civil Servant Aggregate Year-to-Date > \$ 50.00	Date (month, day, year)	Amount of Each Receipt this Period

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SCHEDULE A

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Veryl E. Weimer 1077 Woodberry Drive Bryans Road, MD 20616	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$10.00		
B. Full Name, Mailing Address and ZIP Code Mrs. Julia W. Alvey P.O. Box 32 Dameron, MD 20628	Name of Employer Occupation Homemaker	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$50.00		
C. Full Name, Mailing Address and ZIP Code Miss Diane Roark 5319 42nd Ave. Hyattsville, MD 20781	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$15.00		
D. Full Name, Mailing Address and ZIP Code Mr. Arthur W. Becker 12700 Clearfield Drive Bowie, MD 20715	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$25.00		
E. Full Name, Mailing Address and ZIP Code Mr. Robert M. Solomon 14749 Main Street Upper Marlboro, MD 20772	Name of Employer Occupation Loan Officer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$25.00		
F. Full Name, Mailing Address and ZIP Code Mr. James H. Kehoe, Jr. The Willows Chesapeake Beach, MD 20732	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$50.00		
G. Full Name, Mailing Address and ZIP Code Mr John Loh 9010 Canberra Drive Clifton, MD 20735	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$10.00		

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SCHEDULE A

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Richard W. Grant 1105 Marton Street Laurel, MD 20707 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer U.S. Govt. Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Arthur L. Baldia 12714 Bar Oak Dr. Waldorf, MD 20601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mrs. Betty J. Grant 6005 Harland Street Lanham, MD 20706 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Curiosity Shoppe, Inc. Occupation Entrepreneur Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Ms. Elisabeth Hynes 1009 5th Street Laurel, MD 20707-3803 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mrs. Hazel C. Warfield 7194 Benedict Ave. Benedict, MD 20612-9999 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mrs. Linda P. Trundle 3507 Northshire Lane Bowie, MD 20716 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Carl Mosley, CPA Occupation Accountant Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Albert G. Kirchner, Jr. 5811 Park Drive Bowie, MD 20715 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Cassio G. Portela 6914 Pine Valley Drive Glenn Dale, MD 20769 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Marriott Corp. Occupation Room Service Supervisor Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Dorothy R. Clare 3354 Old Line Ave. Laurel, MD 20724 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mrs. Verna R. Thompson 5908 Arbroath Drive Clinton, MD 20735 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Business Owner Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mrs. Mary L. Humbert 4315 Josephine Ave. Beltsville, MD 20705 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 20.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Robert H. Rock 745 Piney Wood Circle California, MD 20619 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NAWCAD PAX Occupation Civil Servant Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. John James Davis 3017 Courtside Rd. Mitchellville, MD 20721 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. William A. Mayhew, Jr. 9207 Tuckerman Street Seabrook, MD 20706 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Glen Burch 1010 St. Thomas Drive Mechanicsville, MD 20659	NISE EAST		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Technician		
	Aggregate Year-to-Date > \$	\$125.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David Morsberger 10812 Potomac St. Glenn Dale, MD 20769	TRW		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer		
	Aggregate Year-to-Date > \$	\$25.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Glenn Balick 15604 Mews Ct. Laurel, MD 20707			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Katherine I. Satterfield 12618 Brunswick Lane Bowie, MD 20715			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$25.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Coletta M. Haliscak 113 Essex South Lexington Park, MD 20653			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$20.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Evelyn M. McKim 6001 Jamestown Rd. Hyattsville, MD 20782			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$10.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Brenda D. Peck 12418 Kensington Lane Bowie, MD 20715			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$25.00	

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Clifton B. Kuhns 6404 S. Osborne Rd. Upper Marlboro, MD 20772	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$25.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Dorothy L. Hurley RT. 2 Box 500 Hollywood, MD 20636-9645	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homemaker	Aggregate Year-to-Date > \$	\$25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. G. A. Clancy 2912 Stonybrook Drive Bowie, MD 20715	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	Aggregate Year-to-Date > \$	\$25.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Brian K. Lintz 9209 3rd Street Lanham, MD 20706	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Police Officer	Aggregate Year-to-Date > \$	\$25.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Richard P. Nalesnik 12500 Starlight Lane Bowie, MD 20715	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Police Officer	Aggregate Year-to-Date > \$	\$50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Denise A. Bauckman 3211 Jones Road Dunkirk, MD 20754	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$25.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Elizabeth D. Stump P.O. Box 128 Bryans Road, MD 20616	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$25.00	

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mrs. Dorothy N. Parr 2910 Scientists Cliffs Road Port Republic, MD 20676 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Ronald C. Steorts 1360 East West Shady Side Road P.O. Box 510 Shady Side, MD 20764 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mrs. Margaret A. O Hara 13004 Forest Drive Bowie, MD 20715 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Magnolia Gardens Nursing & Rehab Center Occupation RN Administrator Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Michael F. Wertz 4307 Cedar Tree Lane Burtonsville, MD 20866 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mrs. Linda C. Realo 711 Cedar Blvd. Accokeek, MD 20607 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VD Schinnerer & Co. Occupation Underwriter Aggregate Year-to-Date > \$ 30.00	Date (month, day, year) Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Jerry M. Butkiewicz, R.S. 1223 Hickory Nut Dr. California, MD 20619-2035 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5.00	Date (month, day, year) Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Ms. Marilyn T. Mitchell 3350 Sudlersville Laurel, MD 20724 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 3.00	Date (month, day, year) Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Scott Barber 3622 7th Ave. Edgewater, MD 21037	Name of Employer AA Medical Center	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Carpenter Aggregate Year-to-Date > \$ 1.00		
B. Full Name, Mailing Address and ZIP Code Mr. Gary Hammack 8580 Norman Drive White Plains, MD 20695	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 25.00		
C. Full Name, Mailing Address and ZIP Code Mrs. Karen H. Wilkins 445 Mayflower Drive Lexington Park, MD 20653	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 50.00		
D. Full Name, Mailing Address and ZIP Code Mr. Harold L. Mohn, Jr. 14024 Chestnut Ct. Laurel, MD 20707	Name of Employer AMS Systems	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA Aggregate Year-to-Date > \$ 50.00		
E. Full Name, Mailing Address and ZIP Code Judge John W. Earman, Jr. 3727 Parke Drive Edgewater, MD 21037	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired Judge Aggregate Year-to-Date > \$ 25.00		
F. Full Name, Mailing Address and ZIP Code Mrs. Jean B. Jones 1578 Eton Way Crofton, MD 21114	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired Aggregate Year-to-Date > \$ 15.00		
G. Full Name, Mailing Address and ZIP Code Mr. Richard T. Dykema 10412 Balsamwood Drive Laurel, MD 20708	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 25.00		

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Edward H. Church 1723 Urby Drive Crofton, MD 21114 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Ms. Kathy Worthington 14114 Heatherstone Drive Bowie, MD 20715 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DOJ Occupation Asst. U.S. Atty Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Edward L. Schilling 6922 100th Avenue Seabrook, MD 20706 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. David C. Branard 1522A Bay Dr. Shady Side, MD 20764 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Jeffrey L. Henry 433 Abell Drive California, MD 20519 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BG & E Occupation Nuclear Plant Operator Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mrs. Margaret M. Butts 8500 86th Ct. New Carrollton, MD 20784 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Nick W. Sheldon 4051 Bluebird Drive Waldorf, MD 20603 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer U.S. Dept of State Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Homer T. Hopkins 4500 Elmwood Road Beltsville, MD 20705 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>Retired</u> Aggregate Year-to-Date > \$ <u>\$35.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Doreen Lee Batts 6432 Meadowlark Drive Dunkirk, MD 20754 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>Mgr. Insulation/Beauty Consultant</u> Aggregate Year-to-Date > \$ <u>\$25.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mrs. Peggy K. Cammack 4306 Birmingham Place Beltsville, MD 20705-2716 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>Retired</u> Aggregate Year-to-Date > \$ <u>\$20.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Jamie M. DeBari 12820 Carousel Court Upper Marlboro, MD 20772 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>P.G. County</u> Occupation <u>Police Officer</u> Aggregate Year-to-Date > \$ <u>\$20.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mrs. Dorothy Thompson Route 2 Box 57 Hollywood, MD 20636 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <u>Retired</u> Aggregate Year-to-Date > \$ <u>\$25.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Timothy P. Frink Route 4 Box 200 Hollywood, MD 20636 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>\$20.00</u>	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. J. Todd Renner 203 Heather Court La Plata, MD 20646 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Watkins & Assoc., PA</u> Occupation <u>CPA</u> Aggregate Year-to-Date > \$ <u>\$25.00</u>	Date (month, day, year)	Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. James W. Richards 15132 Nelson Perrie Rd. Brandywine, MD 20613 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer P.G. County Occupation Civil Engineer Aggregate Year-to-Date > \$ 50.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. James A. Brown 29 Well Street Huntingtown, MD 20639 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Pepco Occupation Tester Aggregate Year-to-Date > \$ 10.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. James B. Rollins 2425 Wildflower Lane Huntingtown, MD 20639 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Washington Gas Occupation Service Tech. Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Marvin R. Sampson 12011 Pheasant Run Drive Laurel, MD 20708 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Hans P. Illig 3606 Chase Hills Drive Laurel, MD 20724 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Fed. Govt. Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Clarence Wesley Luns 2600 Mech/Chop Rd. Mechanicsville, MD 20659 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 4.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Charles F. Fadeley 111 Beechwood Place Lexington Park, MD 20653 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 5.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Lt. Jeffrey M. Pollack 3219 Scarlet Oak Terrace Bowie, MD 20715 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DOT, USCG Occupation Contract Specialist Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Mary M. Potter 311 Ravine Drive White Plains, MD 20695 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mrs. Cynthia K. Turchek 11300 E. Golden Eagle Place Waldorf, MD 20603 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mrs. Donna G. Jensen 6421 Brightlea Drive Lanham, MD 20706 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Supervisor, Computer Spec. Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mrs. Miriam F. Brooks 1511 Elwyn Avenue Crofton, MD 21114 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 10.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Steven W. Grimaud 14919 Kalmia Drive Laurel, MD 20707 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DOD Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. David H. Huh 8610 Undermire Ct. Bowie, MD 20720 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GP Environmental Services Occupation Chemist Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Edward F. Divers, III 14022 Vista Dr. Apt. 70A Laurel, MD 20707 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Fed. Govt. Occupation Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year) Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Roy L. Hodges 5864 Conte Drive Lothian, MD 20711 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer RMS Tech. Occupation Engineer Aggregate Year-to-Date > \$ \$125.00	Date (month, day, year) Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Philip L. Schnitz P.O. Box 9 Coltons Point, MD. 20626 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Ret. US Govt Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mrs. Juliana M. Powers 6203 41st Pl. Hyattsville, MD 20782 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Weichert Realtors Occupation Admin. Asst. Aggregate Year-to-Date > \$ \$15.00	Date (month, day, year) Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. D. Sidney Thomas 3342 Hall Creek Lane Owings, MD 20736 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Washington Gas & Elec. Occupation Supervisor Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Andrew S. Colletti 3282 Westdale Ct. Waldorf, MD 20601 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year) Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. James L. Skinner 7050 Contee Road Laurel, MD 20702-9461 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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for each category of the
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Stephen M. Cornard 1564 Eton Way Crofton, MD 21114	Name of Employer Occupation Auditor & RN Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Mrs. Marie J. Durn RT. 3 Box 616F Hollywood, MD 20636	Name of Employer Occupation Psychologist Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Mr. Kenneth J. Keefer 8052 Sandy Spring Rd. Laurel, MD 20707	Name of Employer Occupation Health Insurance Underwriter Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Mr. James F. Welst 6972 Hanover Pkwy Greenbelt, MD 20770	Name of Employer Occupation Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Paul G. Mackert RT. 2 Box 128 A3 Pomfret, MD 20675	Name of Employer Capitol Hill, Ret. Occupation Legislative Director Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Mrs. Margaret V. Dennison Route 2 Box 128 A 5 Pomfret, MD 20675	Name of Employer Occupation Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Mr. George G. Griffin 8546 Paragon Ct. Upper Marlboro, MD 20772	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Hugh D. Hale, II 2213 Garrity Road Saint Leonard, MD 20685 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$15.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. James J. Dawson 8205 Sonar Road Clinton, MD 20735 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WMATA (Metro) Occupation Supervisor Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mrs. Cynthia W. Graham 6340 Dant Drive Owings, MD 20736 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MD Coast Pizz Hut, Inc. Occupation Franchise Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mrs. Jane L. Phillips 6412 Dahlgreen Ct. Lanham, MD 20706 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US Navy Band Occupation Musician Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Robert E. Harris, Jr. 6855 Bayberry Crossing Owings, MD 20736 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Manager Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. William C. Drannan 8704 Char Ct. No. 13 Laurel, MD 20708 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DOD Occupation Analyst Aggregate Year-to-Date > \$ \$75.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Rudolf O. Geissler 5112 Crittenden St. Edmonston, MD 20781 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Bret Harbeson 1725 Jones Falls Ct. Crofton, MD 21114 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Woodmore Country Club Occupation Waiter Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Ms. Daun W. Draper 2415 Stoakley Road Prince Frederick, MD 20678 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hekimian Labs, Inc. Occupation Manager Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Richard T. Jones 3551 Karen Drive Chesapeake Beach, MD 20732-9598 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SRS Technologies Occupation Engineer Aggregate Year-to-Date > \$ 100.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Jeffrey L. Pyles 8914 Woodburn Ct. Lanham, MD 20706 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cindell Construction Co. Occupation Aggregate Year-to-Date > \$ 5.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Robert F. Novy 7786 Arbor Way Owings, MD 20736 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fed. Govt. Occupation Civil Servant Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mrs. Linda M. Wheeler 4015 Clyde Lane White Plains, MD 20695 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wash. Heating & Cooling, Inc. Occupation Bookkeeper Aggregate Year-to-Date > \$ 10.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Charles M. Shryock, Jr. 12321 Lisborough Road Bowie, MD 20720 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code

Mr. and Mrs. James A. Miller
7420 Stones Court
St. Leonard, MD 20685

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this PeriodReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 10.00

B. Full Name, Mailing Address and ZIP Code

Mrs. Carol Jean Gasell
8810 Stratford Ct.
Owings, MD 20736

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this PeriodReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 25.00

C. Full Name, Mailing Address and ZIP Code

Mr. Robert R. Wilson
15589 Peach Walker Drive
Bowie, MD 20716

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this PeriodReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Civil Servant
Aggregate Year-to-Date > \$ 50.00

D. Full Name, Mailing Address and ZIP Code

Mr. Christopher P. Kearns
15634 Mews Ct.
Laurel, MD 20707

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this PeriodReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Computer Analyst
Aggregate Year-to-Date > \$ 25.00

E. Full Name, Mailing Address and ZIP Code

Mr. Barron W. Powers
2910 Yowaski Mill Rd.
Mechanicville, MD 20659

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this PeriodReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Printer
Aggregate Year-to-Date > \$ 10.00

F. Full Name, Mailing Address and ZIP Code

Mr. William P. Dieffenbach
17813 Queen Anne Rd.
Upper Marlboro, MD 20772

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this PeriodReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Ret.
Aggregate Year-to-Date > \$ 100.00

G. Full Name, Mailing Address and ZIP Code

Mr. Guy J. Carocci
3106 Craiglawn Rd.
Beltsville, MD 20705

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this PeriodReceipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 25.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. and Mrs. John H. Martin 5203A Cottonwood Dr. Lothian, MD 20711 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Washington Times Occupation Attorney Aggregate Year-to-Date > \$ 100.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Anthony P. Casso 16026 Pond Meadow Lane Bowie, MD 20716 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Ret. Aggregate Year-to-Date > \$ 40.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Robert L. Brown 12004 Green Ct. Glenn Dale, MD 20769 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Builder Aggregate Year-to-Date > \$ 10.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Reuben Houchens P.O. Box 537 Owings, MD 20736 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer So. MD Home Health Services Occupation RN Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Ms. Marika E. Sampson 15110 Poplar Hill Rd Accokeek, MD 20607-9688 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Sculptor Aggregate Year-to-Date > \$ 15.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mrs. Karen Tune Bain 11204 Sitting Bull Circle Lusby, MD 20657 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Naval Air Warfare Center Occupation Elec. Engineer Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Robert W. Wolfe ***10736 Castleton Turn Upper Marlboro, MD 20772 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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11(a)(ii)

NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mrs. D. Diana Moody 3501 Eyre Drive S. Upper Marlboro, MD 20772-3203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker, Ticket Agent Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. John E. McKeever 8413 Ravenswood Road New Carrollton, MD 20784 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. John A. Carbone, Jr. 614 Woodsmans Way Crownsville, MD 21032 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Richard W. Bowler 2273 Sandalwood Drive Waldorf, MD 20601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Donald R. Walker 61 Smallwood Road White Plains, MD 20695 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$20.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mrs. Dorothy Steranka 1775 Crofton Pkwy. Crofton, MD 21114 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Martin Marietta Occupation Aggregate Year-to-Date > \$ \$15.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Peter M. Edmondo 1533 Widow's Mite Road Edgewater, MD 21037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year)	Amount of Each Receipt this Period

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Col. John Hinton, Jr. Star Rt. 32B St. Inigoes Road St. Inigoes, MD 20684 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. William B. Sigafosse 14075 Mt. Eagle Lane Waldorf, MD 20601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PEPCO Occupation Civil Engineer Aggregate Year-to-Date > \$ 50.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Peter D. Evanoff 6678 Old Solomons Island Road Friendship, MD 20758 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Orlando Mistichelli 6512 High Bridge Rd. Bowie, MD 20720 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 15.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mrs. Glorious A. Shenton 6495 W. Shady Side Road Shady Side, MD 20764 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 50.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mrs. Irene Skinner 7050 Contee Road Laurel, MD 20707-9461 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Gerson N. Kaplan 10458 Waterfowl Terrace Columbia, MD 21044 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Harold H. King 11603 Jester Way Dunkirk, MD 20754	Name of Employer Occupation Retired	Date (month, day, year) Aggregate Year-to-Date > \$ \$10.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Mrs. B. Marie Gardiner 321 Port Place Leonardtwn, MD 20650	Name of Employer Occupation Retired	Date (month, day, year) Aggregate Year-to-Date > \$ \$15.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Mr. Henry A. Borgar 8714 Crystal Rock Lane Laurel, MD 20708	Name of Employer Nat. Academy of Sciences	Date (month, day, year) Occupation Engineer	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$25.00		
D. Full Name, Mailing Address and ZIP Code Ms. Novalea F. Tracy P.O. Box Dunkirk, MD 20754	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > \$ \$25.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Mr. Donald G. Holder 4331 Estate Drive Huntington, MD 20639	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > \$ \$25.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Mrs. Gwendolyn S. Pilkerton-Monroe 490AB Hawkins Gate Road La Plata, MD 20646	Name of Employer Occupation Accountant	Date (month, day, year) Self Aggregate Year-to-Date > \$ \$25.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Mr. William H. Diehl Rt.1, Box 59C Rt. 235 Lexington Park, MD 20653	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > \$ \$25.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Kirk Swain 9880 McQueen Road Lusby, MD 20657	Name of Employer D.M. Group	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Steven F. Humphrey 3421 Carroll Rd. Huntingtown, MD 20639	Name of Employer U.S. Navy	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NASA Program Analyst		
	Aggregate Year-to-Date > \$ 35.00		
C. Full Name, Mailing Address and ZIP Code LtCol. William P. Cosgrove 6214 Nutwell Dr. Tracys Landing, MD 20779	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Ret. Military		
	Aggregate Year-to-Date > \$ 25.00		
D. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Edward V. Laney, Jr. Route 3 Box 769 Hollywood, MD 20636	Name of Employer Self-employed	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code Mr. Ed Curley, III 407 Columbus Drive Lexington Park, MD 20653	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Developer		
	Aggregate Year-to-Date > \$ 50.00		
F. Full Name, Mailing Address and ZIP Code Mr. Marvin J. Hout 12105 Foxhill Lane Bowie, MD 20715	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 10.00		
G. Full Name, Mailing Address and ZIP Code Mr. John F. Talbot 204 Maryland Ave. P.O. Box 641 Mayo, MD 21106	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Truck Sales		
	Aggregate Year-to-Date > \$ 25.00		

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. David S. Woodrow 14111-D William St. Laurel, MD 20707 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Spaulding & Slye Construction Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Michael Stasulli 5150 Cedarlea Drive West River, MD 20778 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bell Atlantic, MD Occupation Manager Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Capt. and Mrs. Alan W. Katz 284 Sigma Drive Harwood, MD 20776 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metcalf & Eddy Occupation Executive Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Mark Brewer 14611 Shiloh Court Apt. 204 Laurel, MD 20708 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AMA Services Occupation Truck Driver Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Thomas Gibson, Jr. 4403 Cotuit Circle Waldorf, MD 20601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mrs. Jeanella S. Williford Box 77 Point Look-In Scotland, MD 20687 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Dr. Kenneth C. Kates, Jr. P.O. Box 1233 Dunkirk, MD 20754 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Dentist Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Harry E. Hasslinger 1645 Cliff Dr. Box 300 Mayo, MD 21106 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Ret. Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. George T. O'Brien 9907 Franklin Avenue Glenn Dale, MD 20769 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Spurgeon D. Terry, Jr. 619 Tippet Rd. Hollywood, MD 20636 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Charles F. Stout 6120 Bryantown Dr. Bryantown, MD 20617 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation US Census Bureau Aggregate Year-to-Date > \$ \$35.00	Date (month, day, year) Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Norman F. Kraft PO Box 37 Tall Timbers, MD 20690 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. and Mrs. William E. Heller 4709 Odell Rd. Beltsville, MD 20705 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Military Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mrs. Carol D. Walton 12705 Kingsfield Ln. Bowie, MD 20715 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$10.00	Date (month, day, year) Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code

Mr. John R. Morris
407 Berkshire Dr.
Riva, MD 21140

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Economist

Aggregate Year-to-Date > \$ \$100.00

B. Full Name, Mailing Address and ZIP Code

Mr. George S. Goodale
Box 141-A-22 Lowell Rd.
Pomfret, MD 20675

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ \$15.00

C. Full Name, Mailing Address and ZIP Code

Mr. Thomas A. Gudiness
1321 Griffis Court
Saint Leonard, MD 20685

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Retired

Aggregate Year-to-Date > \$ \$25.00

D. Full Name, Mailing Address and ZIP Code

Mr. Donald R. Hollingsworth
4402 Sheridan St.
University Park, MD 20782

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Retired

Aggregate Year-to-Date > \$ \$25.00

E. Full Name, Mailing Address and ZIP Code

Mr. William D. Worrall
5415 Mallard Landing Dr.
Lothian, MD 20711

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

NASA

Aggregate Year-to-Date > \$ \$95.00

F. Full Name, Mailing Address and ZIP Code

Mr. William R. Seabrook
11111 Dumbarton Dr.
Dunkirk, MD 20754

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Technician

Aggregate Year-to-Date > \$ \$25.00

G. Full Name, Mailing Address and ZIP Code

Mrs. Ann C. Shoch
13410 Reid Cir.
Fort Washington, MD 20744

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Organist

Aggregate Year-to-Date > \$ \$25.00

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SCHEDULE A

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. and Mrs. Robert J. L. Heckendorn 7601 Erica Lane Laurel, MD 20707-3624	Name of Employer Occupation Retired	Date (month, day, year) Aggregate Year-to-Date > \$ 25.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Mr. Douglas W. Rogalla 6706 Flying Squirrel Ct. Waldorf, MD 20603	Name of Employer U.S. Army Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) Aggregate Year-to-Date > \$ 25.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Mr. Lee S. Phillips 222 South River Club House Road Harwood, MD 20776-9531	Name of Employer Occupation Retired	Date (month, day, year) Aggregate Year-to-Date > \$ 25.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Mr. William A. Burton 1747 Lerch Farm Ct. Davidsonville, MD 21035	Name of Employer Occupation Retired	Date (month, day, year) Aggregate Year-to-Date > \$ 25.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Ms. Suzanna Thiebolt 1508 Park Ave. Baltimore, MD 21217	Name of Employer L.G. Hecht Assoc. Occupation Art Appraiser	Date (month, day, year) Aggregate Year-to-Date > \$ 25.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Ms. Doris T. Hendricks 2435 Still Forest Rd. Baltimore, MD 21208	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) Aggregate Year-to-Date > \$ 50.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Ms. Francis S. Xenakis 1625 Severn Run Ct. Severn, MD 21144	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) Aggregate Year-to-Date > \$ 50.00	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mrs. Carol A. Fredericks 7805 Pinewood Dr. Clinton, MD 20735	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ \$16.00		
B. Full Name, Mailing Address and ZIP Code Mr. Gregory S. Kent 13004 Silver Maple Ct. Bowie, MD 20715	Name of Employer USF&G Insurance	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation IS Auditor	Aggregate Year-to-Date > \$ \$25.00	
C. Full Name, Mailing Address and ZIP Code Mrs. Joan L. Austin 9302 Fairhaven Ave. Upper Marlboro, MD 20772	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ \$35.00	
D. Full Name, Mailing Address and ZIP Code Mr. Erich J. Hintze, Jr. Rt. 1 Box 380A Bryantown, MD 20617	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ \$50.00	
E. Full Name, Mailing Address and ZIP Code Mr. E. M. Horst 100 Memorial Dr. Cambridge, MD 02141-1314	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ \$10.00	
F. Full Name, Mailing Address and ZIP Code Mr. Patrick J. Gorman 1706 Westminster Way Annapolis, MD 21401	Name of Employer EMI	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ \$100.00	
G. Full Name, Mailing Address and ZIP Code Col. Renato V. Trapani 1676B Carlyle Dr. Crofton, MD 21114	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ \$25.00	

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SCHEDULE A

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NAME OF COMMITTEE (in Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mrs. Kathleen Riley 11213E Heron Place Waldorf, MD 20603 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer FDIC Occupation Legal Secretary Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Wayne H. Coryall Bland St. Box 185-A-1 Waldorf, MD 20603 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 15.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. Jerome M. Glynn 12105 Ballina Ct. Fort Washington, MD 20744 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. James P. Hauser 828 Locust Dr. West River, MD 20778 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. William B. Glascock, II PO Box 382 Solomons, MD 20688 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Daniel S. Capper St. Jerome's Thicket Dameron, MD 20628 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Paul G. Fahlstrom 6371 Old Solomons Island Rd. Tracy's Landing, MD 20779 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Engineer Aggregate Year-to-Date > \$ 50.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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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)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Robert W. Hessler 14304 Delcastle Drive Bowie, MD 20721 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Richard W. Grant 1105 Marton Street Laurel, MD 20707 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) 	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Mr. John C. Paulson 8402 Shadeland Rd. Laurel, MD 20724 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$100.00	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Elliott Charles Flick, III 3734 6th St. North Beach, MD 20714 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Baltimore Gas & Electric Occupation Nuclear Engineer Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. William P. Davis 12200 Barclay Place Laurel, MD 20708 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Christopher Sullivan Route 3 18 Paw Paw Hollow Leonardtown, MD 20650 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Engineer Aggregate Year-to-Date > \$ \$50.00	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Ms. Carolyn B. Bills 7606 Lexington Ave. Laurel, MD 20707 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer USDA Occupation Chemist Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) 	Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code

 Mr. Donald W. McConachie
12634 Santa Rosa Circle
Lusby, MD 20657

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 25.00

B. Full Name, Mailing Address and ZIP Code

 Mr. Jerry M. Butkiewicz
1223 Hickory Nut Dr.
California, MD 20619-2035

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 5.00

C. Full Name, Mailing Address and ZIP Code

 Mr. and Mrs. Philip C. Smith
13312 Katrinka Dr.
Bowie, MD 20720

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 25.00

D. Full Name, Mailing Address and ZIP Code

 Mrs. Florence K. Scholl
16118 Jerald Road
Laurel, MD 20707-2641

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Retired

Receipt For: ☐ Primary ☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 10.00

E. Full Name, Mailing Address and ZIP Code

 Mr. Fred W. Zeller
8800 Coastal Hwy. No. 1206
Ocean City, MD 21342

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 25.00

F. Full Name, Mailing Address and ZIP Code

 Mr. Michael L. McDaniel
1001 Chestnut Oak
California, MD 20619

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 25.00

G. Full Name, Mailing Address and ZIP Code

 Mr. Ronald B. Jones
1320 Harkins Road
Pylesville, MD 21132

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For: ☒ Primary ☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 200.00

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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)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Mareen Waterman Route 1 Waterman Way Queenstown, MD 21658 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$200.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. Robert W. Schaefer First Maryland Bancorp Federal PAC PO Box 1596 Baltimore, MD 21203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer First Maryland Bancorp Federal PAC Occupation PAC Aggregate Year-to-Date > \$ \$200.00	Date (month, day, year) 	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Dr. Philip D. Rose 126 River Drive/Bay Ridge Annapolis, MD 21403 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Physician Occupation Physician Aggregate Year-to-Date > \$ \$200.00	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Dr. William F. Colliton 5301 Westbard Circle, No. 245 #245 Bethesda, MD 20815-1426 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ \$200.00	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Mr. Robert C. Lea 12814 Ocean Gateway Queen Anne, MD 21657 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$200.00	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. George E. Buss 12640 Millstream Dr. Bowie, MD 20715-1621 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Department of Defense Occupation DOD Intelligence Operations Officer Aggregate Year-to-Date > \$ \$200.00	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mr. Gerald L. Meyer 415 East Melbourne Avenue Silver Spring, MD 20901 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State Farm Occupation Insurance Agent Aggregate Year-to-Date > \$ \$200.00	Date (month, day, year) 	Amount of Each Receipt this Period

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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)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Mr. Richard L. Otto 1001 Spring Street, Suite 210 Silver Spring, MD 20910 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Insurance Agent Aggregate Year-to-Date > \$ 200.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mrs. Ann E. Schutt 3021 Chapel View Drive Beltsville, MD 20705 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Maj. Joseph J. Rooney 6206 Nutwell Dr. Tracy's Landing, MD 20779-9725 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Military Aggregate Year-to-Date > \$ 200.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. Richmond Davis Esq 8720 Georgia Avenue Ste 700 Silver Spring, MD 20910 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 48.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Ms. Della Stull 1910 Manning Circle Dunkirk, MD 20754 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 55.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Mr. Ed Jaskiewicz 14301 Thorpe Lane Upper Marlboro, MD 20772 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Mrs. Rosemary Jaskiewicz 14301 Thorpe Lane Upper Marlboro, MD 20772 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code P.G. County Federation of Republican Women 4906 Sheridan St., Riverdale, MD 20737-1128 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>\$100.00</u>	Date (month, day, year) 9/21/94	Amount of Each Receipt this Period \$100.00
B. Full Name, Mailing Address and ZIP Code Republican Women Of Anne Arundel County 915 Crystal Spring Farm Rd. Annapolis, MD 21403 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>\$100.00</u>	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period \$100.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

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\$200.

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Campaign America 900 Second Street NE Suite 118 Washington, DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$5,000.00	Date (month, day, year) 	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Conservative Campaign Fund 8321 Old Courthouse Road Suite 215 Vienna, VA 22182 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$2,000.00	Date (month, day, year) 8/4/94	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Symms PAC 210 Cameron Street Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Conservative Republican Committee 7015 Old Keene Mill Road Suite 205 Springfield, VA 22150 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Federal Fund Occupation Aggregate Year-to-Date > \$ \$250.00	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code National Right to Life Committee 419 7th Street NW Suite 500 Washington, DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 8/15/94	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Free Congress PAC 777 2nd Street NE Washington, DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$500.00	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Conservative Victory Fund 422 First Street SE Suite 208 Washington, DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$750.00	Date (month, day, year) 8/30/94	Amount of Each Receipt this Period \$250.00

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eagle Forum PAC PO Box 618 Alton, IL 62002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Conservative Union PAC 1007 Cameron Street Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$4,208.72	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Maryland Bancorp Federal PAC PO Box 1596 Baltimore, MD 21203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/10/94	\$200.00
	Aggregate Year-to-Date > \$	\$200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chris Cox Congressional Committee PO Box 8088 Newport Beach, CA 92658 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
America's Political Action Committee Inc 710 Pine St. Herndon, VA 22070 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/26/94	\$1,000.00
	Aggregate Year-to-Date > \$	\$2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Conservative Victory Committee 113 South West Street Suite 200 Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Political Action Committee P.O. Box 1682 Bellevue, WA 98009 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	7/6/94	\$1,000.00
	Aggregate Year-to-Date > \$	\$1,000.00	

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SCHEDULE A

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Political Action Committee P.O. Box 1682 Bellevue, WA 98009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/16/94	\$1,000.00
Aggregate Year-to-Date > \$		\$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Association of Independent Insurers 499 South Capitol St. SW, Ste 401 Washington, DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	7/15/94	\$500.00
Aggregate Year-to-Date > \$		\$500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citizens United 11094-D Lee Highway Fairfax, VA 22030 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/2/94	\$1,000.00
Aggregate Year-to-Date > \$		\$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillips Publishing Int'l, Inc. 7811 Montrose Road Potomac, MD 20854 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/24/94	\$2,000.00
Aggregate Year-to-Date > \$		\$2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Conservative Leadership PAC 3128 N. 17th Street Arlington, VA 22201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/8/94	\$700.00
Aggregate Year-to-Date > \$		\$700.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Conservative Leadership PAC 3128 N. 17th Street Arlington, VA 22201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/29/94	\$700.00
Aggregate Year-to-Date > \$		\$700.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Rifle Association 11250 Waples Mill Road Fairfax, VA 22030-7400 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/12/94	\$4,950.00
Aggregate Year-to-Date > \$		\$4,950.00	

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Alliance for American Leadership 1707 L Street NW #333 Washington, DC 20036-4200 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$2,000.00	Date (month, day, year) 9/16/94	Amount of Each Receipt this Period \$2,000.00
B. Full Name, Mailing Address and ZIP Code Citizens For The Republic PO Box 9372 Newport Beach, CA 92658 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$1,000.00	Date (month, day, year) 9/28/94	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Mid America Conservative PAC 2507 Loma St Cedar Falls, IA 50613 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$491.04	Date (month, day, year) 7/20/94	Amount of Each Receipt this Period \$491.04 IN KIND Mailing
D. Full Name, Mailing Address and ZIP Code Conservative Republican Committee 7015 Old Keene Mill Road Suite 206 Springfield, VA 22150 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Federal Fund Occupation Aggregate Year-to-Date > \$ \$720.00	Date (month, day, year) 8/19/94	Amount of Each Receipt this Period \$720.00 IN KIND Phone poll
E. Full Name, Mailing Address and ZIP Code The Dick ArmeY Campaign Committee P.O. Box 85 Lewisville, TX 75067 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ \$25.00	Date (month, day, year) 9/20/94	Amount of Each Receipt this Period \$25.00 IN KIND Vote guide
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

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\$19,536.

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Donald Devine 4805 Idlewilde Rd Shady Side, MD 20764</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ \$1,000.00</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full) **Devine for Congress, Inc.** C 00293852

A. Full Name, Mailing Address and ZIP Code Andrea R. Shermer 20301 Beechwood Terr #101 Ashburn, VA 22011	Purpose of Disbursement Professional Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1-Jul 9-Jul 18-Aug	Amount of Each Disbursement This Period \$90.00 \$110.00 \$100.00
B. Full Name, Mailing Address and ZIP Code Bell Atlantic-MD PO Box 646 Baltimore, MD 21265	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3-Aug 8018 23-Sep	Amount of Each Disbursement This Period \$400.00 \$145.02 \$783.30
C. Full Name, Mailing Address and ZIP Code Best Western-Capital Beltway 5901 Princess Garden Pkwy Lanham, MD	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Cheye M. Calvo 6304 Taylor Road Riverdale, MD 20737	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 14-Jul 30-Jul 15-Aug	Amount of Each Disbursement This Period \$567.37 \$645.05 \$645.05
E. Full Name, Mailing Address and ZIP Code Cheye M. Calvo 6304 Taylor Road Riverdale, MD 20737	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 31-Aug 15-Sep	Amount of Each Disbursement This Period \$646.45 \$651.35
F. Full Name, Mailing Address and ZIP Code Circuit City Store #803 Tysons Corner, VA	Purpose of Disbursement TV antenna Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-Sep	Amount of Each Disbursement This Period \$12.49
G. Full Name, Mailing Address and ZIP Code CompUSA Leesburg Pike Vienna, VA 22103	Purpose of Disbursement Computer printer/supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-Jul 19-Aug	Amount of Each Disbursement This Period \$266.98 \$45.96
H. Full Name, Mailing Address and ZIP Code Continental Envelope 2307 Kansas Avenue Silver Spring, MD 20910	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Design Savant 8118 Roanoke Ave #2 Takoma Park, MD 20912	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Donald Devine 4805 Idlewilde Rd Shady Side, MD	Purpose of Disbursement Telephone reimburse Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 13-Sep 17-Sep	Amount of Each Disbursement This Period \$324.52 \$52.87
B. Full Name, Mailing Address and ZIP Code Donnelly's Printing & Graphics 133 Park St, SE Vienna, VA 22180	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-Sep 28-Jul	Amount of Each Disbursement This Period \$6,322.25 \$6,348.38
C. Full Name, Mailing Address and ZIP Code Elaine Thompson 716 Mt. Alban Drive Annapolis, MD 21401	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 31-Aug 15-Sep	Amount of Each Disbursement This Period \$503.60 \$401.11
D. Full Name, Mailing Address and ZIP Code Encore Business Systems Inc 521 Commerce Drive Upper Marlboro, MD 20772	Purpose of Disbursement Lease-copier Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-Jul 3-Aug 7-Sep	Amount of Each Disbursement This Period \$223.25 \$173.25 \$173.25
E. Full Name, Mailing Address and ZIP Code Eric Terrell 76 Crest Road Ridgewood, NJ 7450	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 31-Aug 31-Aug 15-Sep	Amount of Each Disbursement This Period \$285.31 \$951.37 \$951.37
F. Full Name, Mailing Address and ZIP Code Eric Terrell 76 Crest Road Ridgewood, NJ 7450	Purpose of Disbursement Rent U-haul Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 29-Aug	Amount of Each Disbursement This Period \$103.72
G. Full Name, Mailing Address and ZIP Code Eric Terrell 76 Crest Road Ridgewood, NJ 7450	Purpose of Disbursement PG Bd of Elect- returns Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 14-Sep	Amount of Each Disbursement This Period \$10.00
H. Full Name, Mailing Address and ZIP Code George Nesterchuk 2013 Westwood Forest Drive Vienna, VA 22182	Purpose of Disbursement Reimburse-supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-Jul 11-Aug 12-Aug	Amount of Each Disbursement This Period \$444.21 \$15.50 \$2.83
I. Full Name, Mailing Address and ZIP Code George Nesterchuk 4831-B Crain Highway SW Upper Marlboro, MD 20772	Purpose of Disbursement Reimburse-supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 16-Aug 18-Aug 26-Aug	Amount of Each Disbursement This Period \$14.60 \$91.51 \$20.48

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code George Nesterczuk 2013 Westwood Forest Drive Vienna, VA 22182	Purpose of Disbursement Reimburse-supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 13-Sep 13-Sep	Amount of Each Disbursement This Period \$103.43 \$66.68
B. Full Name, Mailing Address and ZIP Code Historic Inns of Annapolis 16 Church Circle Annapolis, MD 21401	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code House of Sports Crofton, MD	Purpose of Disbursement Campaign paraphernalia Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 28-Jul 3-Aug	Amount of Each Disbursement This Period \$414.75 \$414.75
D. Full Name, Mailing Address and ZIP Code Kinko's 4417 Hartwick Rd. College Park, MD	Purpose of Disbursement Copying Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-Jul 24-Sep	Amount of Each Disbursement This Period \$38.33 \$29.00
E. Full Name, Mailing Address and ZIP Code Korten Communications 8500 Leesburg Pike Ste 210 Vienna, VA 22182	Purpose of Disbursement Media placement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 25-Aug 2-Sep 7-Sep	Amount of Each Disbursement This Period \$2,000.00 \$45.81 \$451.43
F. Full Name, Mailing Address and ZIP Code Korten Communications 8500 Leesburg Pike Suite 210 Vienna, VA 22182-2409	Purpose of Disbursement Media placement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 23-Sep	Amount of Each Disbursement This Period \$4,000.00
G. Full Name, Mailing Address and ZIP Code MacHeaven 4500 Daly Drive Ste 300 Chantilly, VA 22021	Purpose of Disbursement Lease computers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-Jul 7-Jul 25-Jul	Amount of Each Disbursement This Period \$575.00 \$400.00 \$675.00
H. Full Name, Mailing Address and ZIP Code MacHeaven 4500 Daly Drive Ste 300 Chantilly, VA 22021	Purpose of Disbursement Lease computers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 16-Aug 29-Aug 15-Sep	Amount of Each Disbursement This Period \$635.00 \$600.00 \$450.00
I. Full Name, Mailing Address and ZIP Code Maryland Capital Graphics 2242 Bay Ridge Avenue Annapolis, MD 21403	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 28-Jul 28-Jul 28-Jul	Amount of Each Disbursement This Period \$3,141.08 \$5,226.38 \$228.38

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SCHEDULE B
ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Maryland Capital Graphics 2242 Bay Ridge Avenue Annapolis, MD 21403	Purpose of Disbursement Printing	Date (month, day, year) 28-Jul	Amount of Each Disbursement This Period \$125.69
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9-Aug	\$196.88
	<input type="checkbox"/> Other (specify)	9-Aug	\$1,634.59
B. Full Name, Mailing Address and ZIP Code Maryland Capital Graphics 2242 Bay Ridge Avenue Annapolis, MD 21403	Purpose of Disbursement Printing	Date (month, day, year) 18-Aug	Amount of Each Disbursement This Period \$2,658.34
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	18-Aug	\$193.73
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Maryland Republican Party 1623 Forest Drive Ste 400 Annapolis, MD 21403	Purpose of Disbursement Voter Files	Date (month, day, year) 20-Jul	Amount of Each Disbursement This Period \$140.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	13-Sep	\$80.00
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code National Media, Inc 211 North Union Street Ste 200 Alexandria, VA 22314	Purpose of Disbursement TV ad production	Date (month, day, year) 23-Sep	Amount of Each Disbursement This Period \$1,924.92
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Nesterczuk and Associates 8500 Leesburg Pike Ste 210 Vienna, VA 22182	Purpose of Disbursement Campaign management	Date (month, day, year) 11-Jul	Amount of Each Disbursement This Period \$1,500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	22-Jul	\$1,500.00
	<input type="checkbox"/> Other (specify)	30-Jul	\$1,500.00
F. Full Name, Mailing Address and ZIP Code Nesterczuk and Associates 8500 Leesburg Pike Ste 210 Vienna, VA 22182	Purpose of Disbursement Campaign management	Date (month, day, year) 15-Aug	Amount of Each Disbursement This Period \$1,500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2-Sep	\$1,500.00
	<input type="checkbox"/> Other (specify)	15-Sep	\$1,500.00
G. Full Name, Mailing Address and ZIP Code NRCC 320 First Street, SE Washington, DC 20003	Purpose of Disbursement Video duplication	Date (month, day, year) 7-Sep	Amount of Each Disbursement This Period \$192.60
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Parcel Plus 5728 SE Crain Hwy Upper Marlboro, MD 20772	Purpose of Disbursement Mailing service	Date (month, day, year) 3-Aug	Amount of Each Disbursement This Period \$33.97
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4-Aug	\$22.36
	<input type="checkbox"/> Other (specify)	18-Aug	\$20.84
I. Full Name, Mailing Address and ZIP Code Parcel Plus 5728 SE Crain Hwy Upper Marlboro, MD 20772	Purpose of Disbursement Mailing service	Date (month, day, year) 19-Aug	Amount of Each Disbursement This Period \$33.60
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	31-Aug	\$79.20
	<input type="checkbox"/> Other (specify)	13-Sep	\$89.05

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Parcel Plus 5728 Crain Hwy SE Upper Marlboro, MD 20772	Purpose of Disbursement Mailing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 17-Sep	Amount of Each Disbursement This Period \$59.50
B. Full Name, Mailing Address and ZIP Code Partridge Communications, Inc. 2307 Kansas Avenue Silver Spring, MD 20910	Purpose of Disbursement List Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-Jul	Amount of Each Disbursement This Period \$250.58
C. Full Name, Mailing Address and ZIP Code Patriot Signage 2260 Park Avenue Cincinnati, OH 45206	Purpose of Disbursement Campaign paraphernalia Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-Sep	Amount of Each Disbursement This Period \$2,372.50
D. Full Name, Mailing Address and ZIP Code Paul Viola 4837 Silver Sage Ct Boulder, CO 80301	Purpose of Disbursement gas-campaign travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 30-Aug 31-Aug 13-Sep	Amount of Each Disbursement This Period \$10.00 \$20.00 \$36.09
E. Full Name, Mailing Address and ZIP Code Paul Viola 4837 Silver Sage Ct Boulder, CO 80301	Purpose of Disbursement gas-campaign travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 15-Sep	Amount of Each Disbursement This Period \$46.00
F. Full Name, Mailing Address and ZIP Code Paul Viola 4837 Silver Sage Ct Boulder, CO 80301	Purpose of Disbursement Reimburse-auto repair Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-Sep	Amount of Each Disbursement This Period \$71.83
G. Full Name, Mailing Address and ZIP Code Paul Viola 4837 Silver Sage Ct Boulder, CO 80301	Purpose of Disbursement lunch-volunteers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-Sep	Amount of Each Disbursement This Period \$40.00
H. Full Name, Mailing Address and ZIP Code Paul Viola 4837 Silver Sage Ct Boulder, CO 80301	Purpose of Disbursement Reimburse airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 13-Sep	Amount of Each Disbursement This Period \$212.00
I. Full Name, Mailing Address and ZIP Code Paul Viola 4837 Silver Sage Ct Boulder, CO 80301	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-Sep 15-Sep	Amount of Each Disbursement This Period \$161.95 \$337.40

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Post Haste Mailing 40 Hudson St #104 Annapolis, MD 21401	Purpose of Disbursement mailing services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-Aug 9-Aug	Amount of Each Disbursement This Period \$3,238.55 \$1,102.64
B. Full Name, Mailing Address and ZIP Code Post Haste Mailing 40 Hudson St #104 Annapolis, MD 21401	Purpose of Disbursement mailing services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 29-Aug 2-Sep	Amount of Each Disbursement This Period \$1,102.64 \$550.42
C. Full Name, Mailing Address and ZIP Code Postmaster Capital Heights, MD	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 28-Jul	Amount of Each Disbursement This Period \$5,520.00
D. Full Name, Mailing Address and ZIP Code Postmaster Annapolis, MD 21401	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-Aug 9-Aug 2-Sep	Amount of Each Disbursement This Period \$3,752.78 \$3,752.78 \$4,852.27
E. Full Name, Mailing Address and ZIP Code Postmaster Upper Marlboro, MD 20773	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-Jul 28-Jul 2-Aug	Amount of Each Disbursement This Period \$200.00 \$261.00 \$14.94
F. Full Name, Mailing Address and ZIP Code Postmaster Upper Marlboro, MD 20773	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4-Aug 15-Aug 17-Aug	Amount of Each Disbursement This Period \$145.00 \$200.00 \$290.00
G. Full Name, Mailing Address and ZIP Code Postmaster Upper Marlboro, MD 20773	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 29-Aug 13-Sep 17-Sep	Amount of Each Disbursement This Period \$870.00 \$290.00 \$200.00
H. Full Name, Mailing Address and ZIP Code Postmaster Upper Marlboro, MD 20773	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 26-Sep 6-Jul 15-Jul	Amount of Each Disbursement This Period \$1,160.00 \$91.10 \$6.42
I. Full Name, Mailing Address and ZIP Code Postmaster Upper Marlboro, MD 20773	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 22-Jul 30-Sep	Amount of Each Disbursement This Period \$145.00 \$139.78

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full) Devine for Congress, Inc. C 00293852

A. Full Name, Mailing Address and ZIP Code Precision Signs Inc 10800-M Hanna Street Beltsville, MD 20705	Purpose of Disbursement signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1-Aug 9-Aug 9-Aug	Amount of Each Disbursement This Period \$1,950.00 \$385.00 \$1,760.00
B. Full Name, Mailing Address and ZIP Code PVD Communications Group 900 Second Street, NE Suite 110 Washington, DC 20002	Purpose of Disbursement video duplication Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 23-Sep 27-Sep	Amount of Each Disbursement This Period \$936.00 \$164.00
C. Full Name, Mailing Address and ZIP Code Quality Services 138 Mayo Road Edgewater, MD 21037	Purpose of Disbursement signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 26-Jul	Amount of Each Disbursement This Period \$354.27
D. Full Name, Mailing Address and ZIP Code Robert L. Knudsen 3712 Woodburn Rd Annadale, VA 22003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Ron Bortnick Ford 5701 Crain Hwy Upper Marlboro, MD 20772	Purpose of Disbursement repair auto Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 15-Sep	Amount of Each Disbursement This Period \$828.43
F. Full Name, Mailing Address and ZIP Code Samuel C. Litten 4833 Crain Highway SW Upper Marlboro, MD 20772	Purpose of Disbursement office rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-Jul 3-Aug 2-Sep	Amount of Each Disbursement This Period \$423.50 \$423.50 \$423.50
G. Full Name, Mailing Address and ZIP Code Scott Stevenson 12148 Pine Tree Lane Lusby, MD 20657	Purpose of Disbursement Reimburse for Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-Jul	Amount of Each Disbursement This Period \$360.91
H. Full Name, Mailing Address and ZIP Code Staples 8452 Annapolis Rd New Carrollton, MD 20784	Purpose of Disbursement typewriter Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 13-Jul	Amount of Each Disbursement This Period \$136.35
I. Full Name, Mailing Address and ZIP Code Staples 8461 Leesburg Pike Vienna, VA 22103	Purpose of Disbursement office supply Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1-Jul 1-Jul	Amount of Each Disbursement This Period \$23.01 \$7.40

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Staples 8461 Leesburg Pike Vienna, VA 22103	Purpose of Disbursement Fax machine and supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-Jul	Amount of Each Disbursement This Period \$462.53
B. Full Name, Mailing Address and ZIP Code Staples 8461 Leesburg Pike Vienna, VA 22103	Purpose of Disbursement Telephones+supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-Aug	Amount of Each Disbursement This Period \$583.99
C. Full Name, Mailing Address and ZIP Code Staples 8461 Leesburg Pike Vienna, VA 22103	Purpose of Disbursement Office supply Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 25-Aug 8-Sep 24-Sep	Amount of Each Disbursement This Period \$224.86 \$33.21 \$17.75
D. Full Name, Mailing Address and ZIP Code Wal-Mart Store #1893 Bowie, MD 20715	Purpose of Disbursement Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-Jul 26-Jul 23-Sep	Amount of Each Disbursement This Period \$4.96 \$7.56 \$8.28
E. Full Name, Mailing Address and ZIP Code Wal-Mart Store #1893 Bowie, MD 20715	Purpose of Disbursement Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 13-Sep	Amount of Each Disbursement This Period \$186.23
F. Full Name, Mailing Address and ZIP Code Weiss and Associates 2307 Kansas Avenue Silver Spring, MD 20910	Purpose of Disbursement Mailing services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-Jul 26-Sep 26-Sep	Amount of Each Disbursement This Period \$459.32 \$8,910.00 \$4,000.00
G. Full Name, Mailing Address and ZIP Code Z Printing Co PO Box 1717 Bowie, MD 20717	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 13-Sep 15-Sep 29-Aug	Amount of Each Disbursement This Period \$194.25 \$129.15 \$203.70
H. Full Name, Mailing Address and ZIP Code Z-Printing PO Box 1717 Bowie, MD 20717	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-Sep	Amount of Each Disbursement This Period \$303.45
I. Full Name, Mailing Address and ZIP Code American Conservative Union PAC 1007 Cameron Street Alexandria, VA 22314	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B

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NAME OF COMMITTEE (In Full)

Devine for Congress, Inc.

C 00293852

A. Full Name, Mailing Address and ZIP Code Free Congress PAC 777 2nd Street NE Washington, DC 20002	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code Mid America Conservative PAC 2507 Loma St Cedar Falls, IA 50613	Purpose of Disbursement Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 20-Jul	Amount of Each Disbursement This Period \$491.04 IN KIND
C. Full Name, Mailing Address and ZIP Code Conservative Republican Cttee Fed Fund Telephone poll 7015 Old Keene Mill Road Springfield, VA 22150	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 19-Aug	Amount of Each Disbursement This Period \$720.00 IN KIND
D. Full Name, Mailing Address and ZIP Code Mr. Albert Zentkovich 11207 Lakeview Drive Dunkirk, MD 20754	Purpose of Disbursement printing materials Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 30-Sep	Amount of Each Disbursement This Period \$650.00 IN KIND
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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\$116,113.