

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

ADDRESS (number and street) PO BOX 1631  
 Check if different than previously reported. (ACC)  
BALTIMORE MD 21203

2. **FEC IDENTIFICATION NUMBER** C00310318  
**CITY** **STATE** **ZIP CODE**  
STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
MD 07

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

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

5. Covering Period 01 01 2007 through 03 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Ronald Thompson

Signature of Treasurer Electronically Filed by Ronald Thompson Date 07 30 2007

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	117879.69	150034.69
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	117879.69	150034.69
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	47802.95	77338.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47802.95	77338.91
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	454741.45	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

40800.00

60800.00

(ii) Unitemized.....

1079.69

3684.69

(iii) TOTAL of contributions

41879.69

64484.69

from individuals..... ▶

0.00

50.00

(b) Political Party Committees.....

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

76000.00

85500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

117879.69

150034.69

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

4782.20

6169.99

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

122661.89

156204.68

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	47802.95	77338.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	10700.00	11180.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	58502.95	88518.91

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	390582.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	122661.89
25. SUBTOTAL (add Line 23 and Line 24).....	513244.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58502.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	454741.45

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

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

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

Mailing Address 14031 Reverend Broucher Place

City State Zip Code  
Upper Marlboro MD 20772

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

Name of Employer Self Employed Occupation  
Self Employed Attorney

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

**Transaction ID: SA11A1.7080**

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 14031 Reverend Broucher Place

City State Zip Code  
Upper Marlboro MD 20772

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

Name of Employer Self Employed Occupation  
Self Employed Attorney

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

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 0 7

**Transaction ID: SA11A1.7280**

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1440 Church St, N.W.

City State Zip Code  
Washington DC 20005

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

Name of Employer Self Occupation  
Self Real Estate Development

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 7

**Transaction ID: SA11A1.7137**

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
Gloria Banks

Mailing Address 2277 Daniels Rd

City State Zip Code  
Ellicott City MD 21043

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

Name of Employer Home Maker Occupation Home Maker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: SA11A1.7278

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Charles Bao Shih-Tsan

Mailing Address 4 Johnson Mill Rd

City State Zip Code  
Towson MD 21204

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

Name of Employer Transvion Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: SA11A1.7276

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1301 N. 13th Street

City State Zip Code  
Philadelphia PA 19121

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

Name of Employer Requested Occupation Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2007

Transaction ID: SA11A1.7095

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Batza

Mailing Address 515 Fairmount Ave, Suite 400

City State Zip Code  
Towson MD 21286

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

Name of Employer Occupation  
Heritage Properties Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: SA11A1.7064

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 3840 W. Marginal Way, SW

City State Zip Code  
Seattle WA 98106

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

Name of Employer Occupation  
Global Diving & Salvage President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7260

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1927 S Street, NW

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7083

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Berndt

Mailing Address 111 Beechdale Rd

City State Zip Code  
Baltimore MD 21210

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

Name of Employer Occupation  
Gallagher, Evellius & Jones, - LLP Attorney

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

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2007

Transaction ID: SA11A1.7212

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 764 Stacy Oak Way

City State Zip Code  
Millersville MD 21108

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

Name of Employer Occupation  
Brunage-Bowe-Blanchet Owner

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

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2007

Transaction ID: SA11A1.7164

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2026 Greenspring Valley Rd

City State Zip Code  
Stevenson MD 21153

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

Name of Employer Occupation  
Retired Retired

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

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2007

Transaction ID: SA11A1.7157

Amount of Each Receipt this Period  
1000.00

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

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Marc Blum		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007
Mailing Address 2907 W. Strathmore Ave.		Transaction ID: SA11A1.7223
City State Zip Code Baltimore MD 21209	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 300.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Wendell Bristol		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2007
Mailing Address P. O. Box 1477		Transaction ID: SA11A1.7106
City State Zip Code New York NY 10163	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Toussaint Capital Occupation Vice President	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Jane Brown		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007
Mailing Address 11659 Saint Davids Ln		Transaction ID: SA11A1.7213
City State Zip Code Lutherville MD 21093	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Robert W. Deutsch Foundation Occupation Director	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
Kathleen Cahill

Mailing Address 1708 Krurtz Ave

City State Zip Code  
Lutherville MD 21093

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

Name of Employer Occupation  
Law Office of Kathleen Cahill Attorney

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: SA11A1.7271

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 701 Cathedral St

City State Zip Code  
Baltimore MD 21201

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

Name of Employer Occupation  
The Time Group Developer

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2007

Transaction ID: SA11A1.7155

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1040 Hull Ste 200

City State Zip Code  
Baltimore MD 21230

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

Name of Employer Occupation  
Struever Bros. Attorney

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2007

Transaction ID: SA11A1.7135

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. Suzanne Cohen</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>03 / 25 / 2007</b>
Mailing Address <b>2 Wyndhurst Ave</b>		<b>Transaction ID: SA11A1.7219</b>
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21210</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Homemaker</b>	Occupation <b>Homemaker</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Debra Colbert</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>03 / 29 / 2007</b>
Mailing Address <b>8913 Woodland Drive</b>		<b>Transaction ID: SA11A1.7253</b>
City <b>Sliver Spring</b>	State <b>MD</b>	Zip Code <b>20910-2711</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Colbert Communication</b>	Occupation <b>President</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Christopher Constantine</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>03 / 29 / 2007</b>
Mailing Address <b>53 Berhany Circle</b>		<b>Transaction ID: SA11A1.7255</b>
City <b>Clouster</b>	State <b>NJ</b>	Zip Code <b>07264</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Martime Solutions</b>	Occupation <b>SR VP</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. Mark Dambly</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7	
Mailing Address 354 Darlington Rd		Transaction ID: SA11A1.7093	
City State Zip Code Media PA 19063	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Pennrose Development	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Henry Dugan, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 1912 South Rd		Transaction ID: SA11A1.7268	
City State Zip Code Baltimore MD 21209	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Dugan & Jakubowski, P.A.	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Joseph Farrell</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 1512 S.E. 11th Street		Transaction ID: SA11A1.7251	
City State Zip Code Fort Lauderdale FL 33316	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Resolve Marine Group	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Richard Fredericks		Date of Receipt MM / DD / YYYY 01 / 10 / 2007
Mailing Address 203 Severn River Rd		Transaction ID: SA11A1.7059
City Severna Park	State MD	Zip Code 21146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Salvage Assoc	Occupation Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Richard Fredericks		Date of Receipt MM / DD / YYYY 01 / 10 / 2007
Mailing Address 203 Severn River Rd		Transaction ID: SA11A1.7061
City Severna Park	State MD	Zip Code 21146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Salvage Assoc	Occupation Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Richard Fredericks		Date of Receipt MM / DD / YYYY 03 / 29 / 2007
Mailing Address 203 Severn River Rd		Transaction ID: SA11A1.7259
City Severna Park	State MD	Zip Code 21146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer American Salvage Assoc	Occupation Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
Donald Fry

Mailing Address 1718 Edwin Dr

City State Zip Code  
Bel Air MD 21015

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

Name of Employer  
Greater Baltimore Committ-  
ee

Occupation  
Bus Exec

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: SA11A1.7272

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 5 Honeyspring Court

City State Zip Code  
Timonium MD 21093

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

Name of Employer  
PMS Parking Inc.

Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: SA11A1.7274

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 11100 Brookes Reserve Rd

City State Zip Code  
Upper Marlboro MD 20772

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

Name of Employer  
Cassidy

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2007

Transaction ID: SA11A1.7328

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Bentley Hamilton		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007
Mailing Address 3810 Park Lake Dr		Transaction ID: SA11A1.7131
City Rockville	State MD	Zip Code 20853
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Thomas Hart		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007
Mailing Address 3118 Arizona Ave, NW		Transaction ID: SA11A1.7289
City Washington	State DC	Zip Code 20016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Telecommunication Advocacy Pro	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Henry Howard		Date of Receipt M M / D D / Y Y Y Y Y 02 / 23 / 2007
Mailing Address 818 Connecticut Ave., NW Ste 1100		Transaction ID: SA11A1.7127
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mounment Strategies, LLC	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. Mickey Ibarra</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 1140 Connecticut Ave, NW Ste. 1100		Transaction ID: SA11A1.7129
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Public Relations Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Nathaniel Jones</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 4203 N. Charles		Transaction ID: SA11A1.7145
City State Zip Code Baltimore MD 21218	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MARK JOSEPH</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 218 N. CHARLES ST, SUITE 500		Transaction ID: SA11A1.7152
City State Zip Code BALTIMORE MD 21201	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Shelter Development Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
Louise Keilty

Mailing Address 111Warren Rd, Ste 3A

City State Zip Code  
Cockeysville MD 21030

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2007

Transaction ID: SA11A1.7153

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2005 Huntfield Ct

City State Zip Code  
Fallston MD 21047

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

Name of Employer Whitney Bailey Occupation Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2007

Transaction ID: SA11A1.7215

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1857 Cape May

City State Zip Code  
Baltimore MD 21221

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

Name of Employer Pi Corp Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2007

Transaction ID: SA11A1.7133

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
George Mahoney

Mailing Address 1815 Edison Hwy

City State Zip Code  
Baltimore MD 21213

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

Name of Employer Occupation  
Monumental Construction President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2007

**Transaction ID:** SA11A1.7167

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 3886 Whitebrook Ln

City State Zip Code  
Ellicott City MD 21042

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

Name of Employer Occupation  
Self Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

**Transaction ID:** SA11A1.7275

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 12604 Barto Ln

City State Zip Code  
Riesterstown MD 21136

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

Name of Employer Occupation  
Whitman, Requart & Assoc Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2007

**Transaction ID:** SA11A1.7148

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. Michael May</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2007
Mailing Address 7305 Harford Rd		Transaction ID: SA11A1.7160
City Baltimore	State MD	Zip Code 21234
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Joe Mok</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2007
Mailing Address 1238 Etchison Rd		Transaction ID: SA11A1.7162
City Ellicott City	State MD	Zip Code 21042
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer MSAIS	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Edmond Moram</b>		Date of Receipt MM / DD / YYYY 03 / 29 / 2007
Mailing Address 47 E. 58th Street, Apt 3D		Transaction ID: SA11A1.7257
City New York	State NY	Zip Code 10128
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Moran Towing	Occupation Sr VP	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. DAVE PITTEGER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 10701 TYRIE		Transaction ID: SA11A1.7147	
City State Zip Code COCKYS HT VLY MD 21030	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer BALTIMORE AQUARIUM	Occupation DIRECTOR		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Arnold Richman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007	
Mailing Address 313 Garrison Forest Rd		Transaction ID: SA11A1.7221	
City State Zip Code Owings Mills MD 21117	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Shelter Group	Occupation Executive		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Duncan Smith, III</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 600 New Hampshire Ave, NW Suite 1200		Transaction ID: SA11A1.7262	
City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Blank Rome	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

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

Mailing Address 3412 P Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer The Potomac Group Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
01 / 26 / 2007

Transaction ID: SA11A1.7081

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 6305 Havland Drive

City Bethesda State MD Zip Code 20817

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

Name of Employer The National Group Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
01 / 26 / 2007

Transaction ID: SA11A1.7078

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 248 Long Neck Point Rd

City Darien State CT Zip Code 06820

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

Name of Employer Moran Towing Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
03 / 29 / 2007

Transaction ID: SA11A1.7266

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. Joseph Tydings</b>		Date of Receipt MM / DD / YYYY <b>02 / 23 / 2007</b>
Mailing Address <b>2101 L Street, NW</b>		<b>Transaction ID: SA11A1.7104</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20037</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1500.00</b>
Name of Employer Self	Occupation <b>Attorney</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Vincent Versage</b>		Date of Receipt MM / DD / YYYY <b>01 / 26 / 2007</b>
Mailing Address <b>211 Duke Street</b>		<b>Transaction ID: SA11A1.7085</b>
City <b>Alexandria</b>	State <b>MD</b>	Zip Code <b>22314</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>The National Group</b>	Occupation <b>Partner</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Daniel Vona</b>		Date of Receipt MM / DD / YYYY <b>03 / 25 / 2007</b>
Mailing Address <b>117 Register Ave</b>		<b>Transaction ID: SA11A1.7217</b>
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21212</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Berean Construction</b>	Occupation <b>Owner</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A.</b> Otis Warren		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2007	
Mailing Address 10 S. Howard Street, Suite 110		Transaction ID: SA11A1.7159	
City Baltimore	State MD	Zip Code 21201	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Otis Warren	Occupation Real Estate		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen Whalen, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 6201 Foxhall Farm Rd		Transaction ID: SA11A1.7269	
City Catonsville	State MD	Zip Code 21228	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Whalen Properties	Occupation Real Estate		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> George Wittich		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 2108 Bay Blvd		Transaction ID: SA11A1.7264	
City Lavallette	State NJ	Zip Code 08735	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Weeks Marine	Occupation SR VP		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	40800.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. AAI CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2007
Mailing Address PO BOX 126		Transaction ID: SA11C.7110
City HUNT VALLEY	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. <b>C</b> C00169508	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2007
Mailing Address 421 Aviation Way		Transaction ID: SA11C.7117
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. <b>C</b> C00131185	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. AIR LINE PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2007
Mailing Address 1625 MASSACHUSETTS AVE, N.W.		Transaction ID: SA11C.7172
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1050 31st Street N.W.

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11C.7120

Amount of Each Receipt this Period  
 2500.00

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

Full Name (Last, First, Middle Initial)  
**B. AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES**

Mailing Address 80 F STREET, N.W.

City WASHINGTON State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 0 7

Transaction ID: SA11C.7075

Amount of Each Receipt this Period  
 1000.00

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

Full Name (Last, First, Middle Initial)  
**C. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED**

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.7099

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2 West Dixie Highway

City State Zip Code  
Dania Beach FL 33004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2007

Transaction ID: SA11C.7171

Amount of Each Receipt this Period  
1000.00

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

Full Name (Last, First, Middle Initial)  
**B. AMERICAN MOVING AND STORAGE ASSOCIATION FKA AMERICAN MOVERS CONFERENCE**

Mailing Address 1611 DUKE STREET

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 10 / 2007

Transaction ID: SA11C.7071

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 499 SOUTH CAPITOL STREET SW #409

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 19 / 2007

Transaction ID: SA11C.7100

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

**A. AMERICAN SHIPPING GROUP MARINE RESOURCES GROUP**

Full Name (Last, First, Middle Initial)  
Mailing Address 32001 - 32ND AVE SOUTH SUITE 200

City State Zip Code  
**FEDERAL WAY WA 98001**

FEC ID number of contributing federal political committee. **C C00411694**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 10 / 2007**

**Transaction ID: SA11C.7056**

Amount of Each Receipt this Period  
**3000.00**

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

**B. AMERICAN WATERWAYS OPERATORS-PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 801 North Quincy Street Suite 200

City State Zip Code  
**ARLINGTON VA 22203**

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 10 / 2007**

**Transaction ID: SA11C.7069**

Amount of Each Receipt this Period  
**1000.00**

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

**C. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 175 E. Houston Street Room 7-A-50

City State Zip Code  
**San Antonio TX 78205**

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 29 / 2007**

**Transaction ID: SA11C.7292**

Amount of Each Receipt this Period  
**1000.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

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

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

City ATLANTA State GA Zip Code 30308

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA11C.7101

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
BARNES AND THORNBURG POLITICAL ACTION COMMITTEE

Mailing Address 750 17th Street N.W.  
Suite 900

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00395947

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11C.7108

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bricklayers and Allied Craftworkers

Mailing Address 815 15th Street, NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 7

Transaction ID: SA11C.7170

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 66
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

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

Mailing Address **1350 EYE STREET NW SUITE 590**

City **WASHINGTON** State **DC** Zip Code **20005**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	7

**Transaction ID: SA11C.7142**

Amount of Each Receipt this Period  

1000.00
---------

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

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

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

City **Baltimore** State **MD** Zip Code **21202**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt  

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

**Transaction ID: SA11C.7114**

Amount of Each Receipt this Period  

5000.00
---------

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

**C.** Full Name (Last, First, Middle Initial)  
**CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA**

Mailing Address **805 15TH STREET NW SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20005**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	7

**Transaction ID: SA11C.7156**

Amount of Each Receipt this Period  

1000.00
---------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. CROWLEY MARITIME CORPORATION FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 575 7th Street N.W. Suite 600		Transaction ID: SA11C.7067
City Washington      State DC      Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00147231		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. CROWLEY MARITIME CORPORATION FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 575 7th Street N.W. Suite 600		Transaction ID: SA11C.7295
City Washington      State DC      Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00147231		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION POLITICAL ACTION COMMITTEE (ENG PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 520 S GRAND AVE STE 700		Transaction ID: SA11C.7296
City LOS ANGELES      State CA      Zip Code 90071	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
ENTERPRISE RENT-A-CAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 600 Corporate Park Drive

City St. Louis State MO Zip Code 63105

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	0	7

Transaction ID: SA11C.7297

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1299 Pennsylvania Ave NW  
STE 1100

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	7

Transaction ID: SA11C.7169

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
GREYHOUND LINES POLITICAL ACTION COMMITTEE

Mailing Address 15110 N DALLAS PARKWAY

City DALLAS State TX Zip Code 75248

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	0	7

Transaction ID: SA11C.7097

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
HONEYWELL EMPLOYEE CITIZENSHIP FUND HONEYWELL INC.

Mailing Address 1001 PENNSYLVANIA AVE NW STE 700 S

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00079533

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 3 / 2 0 0 7

**Transaction ID:** SA11C.7115

Amount of Each Receipt this Period  
 5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
HUMANEUSA POLITICAL ACTION COMMITTEE

Mailing Address 23701 HARBOR VISTA DR

City MALIBU State CA Zip Code 90265

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 9 / 2 0 0 7

**Transaction ID:** SA11C.7293

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL FEDERATION/PROFESSIONAL

Mailing Address 8630 FENTON STREET SUITE 400

City SILVER SPRING State MD Zip Code 20910

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 2 6 / 2 0 0 7

**Transaction ID:** SA11C.7088

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 17 BATTERY PLACE		Transaction ID: SA11C.7090
City NEW YORK	State NY	Zip Code 10004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address 17 BATTERY PLACE		Transaction ID: SA11C.7139
City NEW YORK	State NY	Zip Code 10004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>C. International Organization of Masters Mates &amp; Pilots</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 700 Martime Blvd		Transaction ID: SA11C.7065
City Linthicum	State MD	Zip Code 21090
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 66  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Kirkpatrick & Lockhart Preston Gates Ellis LLP  
 Mailing Address 1735 NewYork Ave, NW, Suite 500  
 City State Zip Code  
 Washington DC 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7  
**Transaction ID:** SA11C.7062  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Kirkpatrick & Lockhart Preston Gates Ellis LLP  
 Mailing Address 1735 NewYork Ave, NW, Suite 500  
 City State Zip Code  
 Washington DC 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 .00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7  
**Transaction ID:** SA11C.7072  
 Amount of Each Receipt this Period  
 -1000.00  
 Returned Check  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Kirkpatrick & Lockhart Preston Gates Ellis LLP  
 Mailing Address 1735 NewYork Ave, NW, Suite 500  
 City State Zip Code  
 Washington DC 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 7  
**Transaction ID:** SA11C.7138  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
L-3 COMMUNICATIONS CORPORATION FEDERAL PAC (FKA TITAN CORPORATION PAC)

Mailing Address 400 Virginia Avenue SW Suite C-150  
Suite C-150

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00344085

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

**Transaction ID:** SA11C.7112

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City ARLINGTON State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 0 7

**Transaction ID:** SA11C.7291

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MARINE ENGINEERS BENEFICIAL ASSOCIATION RETIREES GROUP FUND AKA (MEBA RETIREES GROUP FUND)

Mailing Address 444 N CAPITOL STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00003863

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

**Transaction ID:** SA11C.7073

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 66
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
MARINE ENGINEERS BENEFICIAL ASSOCIATION RETIREES GROUP FUND AKA (MEBA RETIREES GROUP FUND)

Mailing Address 444 N CAPITOL STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00003863

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2007

Transaction ID: SA11C.7143

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Matson Federal Election Committee

Mailing Address 333 Market Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2007

Transaction ID: SA11C.7140

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1727 KING ST STE 400

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: SA11C.7294

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 66
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE - PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 10TH G STREET N.E. SUITE 600		Transaction ID: SA11C.7122
City WASHINGTON	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE U S INC POLITICAL ACTION CMTE (NFD)</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 13625 BISHOP'S DRIVE		Transaction ID: SA11C.7123
City BROOKFIELD	State WI	Zip Code 53005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address THREE COMMERCIAL PLACE		Transaction ID: SA11C.7124
City NORFOLK	State VA	Zip Code 23510
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. RAYTHEON POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 1100 Wilson Boulevard Suite 1500		Transaction ID: SA11C.7119
City Arlington State VA Zip Code 22209	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7
Mailing Address 5201 AUTH WAY		Transaction ID: SA11C.7098
City CAMP SPRINGS State MD Zip Code 20746	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 1750 NEW YORK AVE NW		Transaction ID: SA11C.7087
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. SODEXHO, INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>03 / 29 / 2007</b>
Mailing Address <b>9801 WASHINGTONIAN BLVD</b>		<b>Transaction ID: SA11C.7298</b>
City <b>GAITHERSBURG</b> State <b>MD</b> Zip Code <b>20878</b>	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>02 / 23 / 2007</b>
Mailing Address <b>1025 CONNECTICUT AVE NW STE 1005</b>		<b>Transaction ID: SA11C.7107</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20036</b>	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>500.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>01 / 30 / 2007</b>
Mailing Address <b>8000 EAST JEFFERSON</b>		<b>Transaction ID: SA11C.7089</b>
City <b>DETROIT</b> State <b>MI</b> Zip Code <b>48214</b>	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

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

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11C.7126

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION)

Mailing Address 1717 ARCH STREET 47TH FL S

City State Zip Code  
PHILADELPHIA PA 19103

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11C.7125

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	76000.00



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 66
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ideal Federal Savings Bank		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 1629 Druid Hill Avenue		Transaction ID: SA15.7337
City State Zip Code Baltimore MD 21217	Amount of Each Receipt this Period 545.30	
FEC ID number of contributing federal political committee. <b>C</b>		Interest <input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1933.09	

Full Name (Last, First, Middle Initial) <b>B.</b> Ideal Federal Savings Bank		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 1629 Druid Hill Avenue		Transaction ID: SA15.7338
City State Zip Code Baltimore MD 21217	Amount of Each Receipt this Period 510.15	
FEC ID number of contributing federal political committee. <b>C</b>		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2443.24	

Full Name (Last, First, Middle Initial) <b>C.</b> Ideal Federal Savings Bank		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 1629 Druid Hill Avenue		Transaction ID: SA15.7339
City State Zip Code Baltimore MD 21217	Amount of Each Receipt this Period 3726.75	
FEC ID number of contributing federal political committee. <b>C</b>		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6169.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4782.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	4782.20

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 66

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

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

Full Name (Last, First, Middle Initial) <b>A. Jonathan Alexander, Esq.</b>		<b>Transaction ID: SB17.7226</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7	
Mailing Address 1706 Summit Pl, NW		Amount of Each Disbursement this Period 259.00	
City Washington State DC Zip Code 20009	Purpose of Disbursement Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AT &amp; T Business Services</b>		<b>Transaction ID: SB17.7211</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address P. O. Box 2969		Amount of Each Disbursement this Period 727.71	
City Omaha State NE Zip Code 68103	Purpose of Disbursement Utilities	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. AT &amp; T Business Services</b>		<b>Transaction ID: SB17.7249</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address P. O. Box 2969		Amount of Each Disbursement this Period 1111.23	
City Omaha State NE Zip Code 68103	Purpose of Disbursement Utilities	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2097.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. AT &amp; T Business Services</b>		<b>Transaction ID:</b> SB17.7320 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address P. O. Box 2969		Amount of Each Disbursement this Period 293.27
City Omaha State NE Zip Code 68103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utilities Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>B. B. Smith Restaurant</b>		<b>Transaction ID:</b> SB17.7233 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 50 Massachusetts		Amount of Each Disbursement this Period 1226.30
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>C. Brethren Mutual Insurance Company</b>		<b>Transaction ID:</b> SB17.7248 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 149 N. Edgewood Dr		Amount of Each Disbursement this Period 463.00
City Hagerstown State MD Zip Code 21740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Insurance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

1982.57

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. City Wide Bus Service</b>		<b>Transaction ID:</b> SB17.7193 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 2505 Aisquith Street		Amount of Each Disbursement this Period 325.00
City Baltimore State MD Zip Code 21218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Transportation Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Class Act Catering, Inc</b>		<b>Transaction ID:</b> SB17.7192 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 626 N. Chester Street		Amount of Each Disbursement this Period 8000.00
City Baltimore State MD Zip Code 21205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cole Enterprises</b>		<b>Transaction ID:</b> SB17.7198 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 207 W. Hill Street		Amount of Each Disbursement this Period 1633.38
City Baltimore State MD Zip Code 21230	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9958.38</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Cole Enterprises</b>		Transaction ID: SB17.7225 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 207 W. Hill Street		Amount of Each Disbursement this Period 60.00
City Baltimore State MD Zip Code 21230	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Services Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elijah Cummings</b>		Transaction ID: SB17.7174 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 2014 Madison		Amount of Each Disbursement this Period 41.83
City Baltimore State MD Zip Code 21217	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Elijah Cummings</b>		Transaction ID: SB17.7191 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 2014 Madison		Amount of Each Disbursement this Period 950.00
City Baltimore State MD Zip Code 21217	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement - Conference Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1051.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Elijah Cummings</b>		<b>Transaction ID:</b> SB17.7206 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 2014 Madison		Amount of Each Disbursement this Period 59.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21217		
Purpose of Disbursement Reimbursement - Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elijah Cummings</b>		<b>Transaction ID:</b> SB17.7209 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 2014 Madison		Amount of Each Disbursement this Period 2.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Baltimore State MD Zip Code 21217			
Purpose of Disbursement Mileage Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Elijah Cummings</b>		<b>Transaction ID:</b> SB17.7250 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address 2014 Madison		Amount of Each Disbursement this Period 288.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Baltimore State MD Zip Code 21217			
Purpose of Disbursement Reimbursement - Travel Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>350.31</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Elijah Cummings</b>		<b>Transaction ID:</b> SB17.7317 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 2014 Madison		Amount of Each Disbursement this Period 197.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21217		
Purpose of Disbursement Reimbursement - Conference Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elijah Cummings</b>		<b>Transaction ID:</b> SB17.7318 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 2014 Madison		Amount of Each Disbursement this Period 70.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21217		
Purpose of Disbursement Reimbursement - Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Joyce Farrington</b>		<b>Transaction ID:</b> SB17.7239 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 5903 Bland Avenue		Amount of Each Disbursement this Period 1611.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21215		
Purpose of Disbursement Campaign Salaries Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1879.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Harbor Bank</b>		<b>Transaction ID:</b> SB17.7336 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 25 W. Fayette Street		Amount of Each Disbursement this Period 204.75
City Baltimore State MD Zip Code 21201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rachel Indek</b>		<b>Transaction ID:</b> SB17.7246 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 516 S. Robinson Street		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Coordinator Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Internal Revenue Services</b>		<b>Transaction ID:</b> SB17.7234 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 870.30
City Ogden State UT Zip Code 84201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tax Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2075.05</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7175 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Campaign Salaries Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7181 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Campaign Salaries Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Campaign Salaries Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7195 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1100.00
City Owings Mills State MD Zip Code 21117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Salaries Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7196 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 346.46
City Owings Mills State MD Zip Code 21117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement - Wireless Equip Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7224 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 230.65
City Owings Mills State MD Zip Code 21117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1677.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Paulette Jones</b>		<b>Transaction ID: SB17.7228</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Campaign Salaries Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paulette Jones</b>		<b>Transaction ID: SB17.7232</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Campaign Salaries Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paulette Jones</b>		<b>Transaction ID: SB17.7237</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Campaign Salaries Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7238 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 207.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Reimbursement - Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7299 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Campaign Salaries Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7300 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Campaign Salaries Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2407.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7301 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1100.00
City Owings Mills State MD Zip Code 21117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Salaries Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paulette Jones</b>		<b>Transaction ID:</b> SB17.7307 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 18 Amberlady Court		Amount of Each Disbursement this Period 1200.00
City Owings Mills State MD Zip Code 21117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Salaries Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Otis Warren/Svatos Real Estate</b>		<b>Transaction ID:</b> SB17.7207 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 10 S. Howard Street		Amount of Each Disbursement this Period 633.00
City Baltimore State MD Zip Code 21201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2933.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Otis Warren/Svatos Real Estate</b>		<b>Transaction ID: SB17.7243</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 10 S. Howard Street		Amount of Each Disbursement this Period 633.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21201		
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Otis Warren/Svatos Real Estate</b>		<b>Transaction ID: SB17.7313</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 10 S. Howard Street		Amount of Each Disbursement this Period 633.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21201		
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Otis Warren/Svatos Real Estate</b>		<b>Transaction ID: SB17.7321</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 10 S. Howard Street		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21201		
Purpose of Disbursement Keys Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1316.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Postmaster</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 900 E. Fayette Street</p> <p>City Baltimore State MD Zip Code 21284</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.7230</p> <p>Date of Disbursement</p> <p>02 / 15 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>94.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p><b>B.</b> Postmaster</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 900 E. Fayette Street</p> <p>City Baltimore State MD Zip Code 21284</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.7236</p> <p>Date of Disbursement</p> <p>02 / 21 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>48.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p><b>C.</b> Postmaster</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 900 E. Fayette Street</p> <p>City Baltimore State MD Zip Code 21284</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.7322</p> <p>Date of Disbursement</p> <p>03 / 30 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>37.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	

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

179.37

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Radisson Hotel at Cross Keys</b>		<b>Transaction ID: SB17.7308</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 100 Village Square		Amount of Each Disbursement this Period 1457.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21210		
Purpose of Disbursement Caterering Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Staples Office Supplies</b>		<b>Transaction ID: SB17.7330</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 1504 Reisterstown Rd		Amount of Each Disbursement this Period 634.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pikesville State MD Zip Code 21208		
Purpose of Disbursement Supplies Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Staples Office Supplies</b>		<b>Transaction ID: SB17.7333</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 1504 Reisterstown Rd		Amount of Each Disbursement this Period 238.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pikesville State MD Zip Code 21208		
Purpose of Disbursement Supplies Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2330.90</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. The Center Club</b>		Transaction ID: SB17.7199 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 100 Light Street		Amount of Each Disbursement this Period 2363.70
City Baltimore State MD Zip Code 21202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ronald Thompson</b>		Transaction ID: SB17.7208 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 750.00
City Baltimore State MD Zip Code 21203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Treasury Services Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ronald Thompson</b>		Transaction ID: SB17.7242 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 500.00
City Baltimore State MD Zip Code 21203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Treasury Services Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3613.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ronald Thompson</b>		<b>Transaction ID: SB17.7245</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21203	Purpose of Disbursement Treasury Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ronald Thompson</b>		<b>Transaction ID: SB17.7314</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21203	Purpose of Disbursement Treasury Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ronald Thompson</b>		<b>Transaction ID: SB17.7319</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 31.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21203	Purpose of Disbursement Reimbursement - Meeting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1531.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Time Printers</b>		<b>Transaction ID:</b> SB17.7227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 227 N. Warwick		Amount of Each Disbursement this Period 210.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21223		
Purpose of Disbursement Printing & Duplication Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Time Printers</b>		<b>Transaction ID:</b> SB17.7306 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 227 N. Warwick		Amount of Each Disbursement this Period 475.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21223		
Purpose of Disbursement Printing & Duplication Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID:</b> SB17.7184 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address P O Box 17577		Amount of Each Disbursement this Period 283.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297		
Purpose of Disbursement Utilities Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	968.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Transaction ID: SB17.7210 Date of Disbursement 01 / 31 / 2007	
Mailing Address P O Box 17577		Amount of Each Disbursement this Period 255.11	
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Utilities	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Transaction ID: SB17.7304 Date of Disbursement 03 / 16 / 2007	
Mailing Address P O Box 17577		Amount of Each Disbursement this Period 263.22	
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Utilities	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Transaction ID: SB17.7183 Date of Disbursement 01 / 19 / 2007	
Mailing Address P. O. Box 17464		Amount of Each Disbursement this Period 839.74	
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Utilities	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1358.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID: SB17.7231</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address P. O. Box 17464		Amount of Each Disbursement this Period 1308.86	
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Utilities	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID: SB17.7305</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7	
Mailing Address P. O. Box 17464		Amount of Each Disbursement this Period 1143.63	
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Utilities	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

2452.49

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

46763.01

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Enoch Pratt Library</b>		<b>Transaction ID: SB21.7229</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 400 Cathedral Street		Amount of Each Disbursement this Period 500.00
City Baltimore State MD Zip Code 21201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fattah for Mayor</b>		<b>Transaction ID: SB21.7179</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 949 N. Marshal Street		Amount of Each Disbursement this Period 2000.00
City Philadelphia State PA Zip Code 19123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Friends For Sheila Dixon</b>		<b>Transaction ID: SB21.7188</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address P. O. Box 67023		Amount of Each Disbursement this Period 4000.00
City Baltimore State MD Zip Code 21215	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Sandi Jackson</b>		<b>Transaction ID:</b> SB21.7177 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address P. O. Box 490286		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60649		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HOWARD COUNTY DEMOCRATIC CENTRAL COMMITTEE</b>		<b>Transaction ID:</b> SB21.7303 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 6289 LOVEKNOT PLACE		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City COLUMBIA State MD Zip Code 21045		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. HOWARD COUNTY DEMOCRATIC CENTRAL COMMITTEE</b>		<b>Transaction ID:</b> SB21.7324 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address 6289 LOVEKNOT PLACE		Amount of Each Disbursement this Period 850.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City COLUMBIA State MD Zip Code 21045		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS</p> <p>Mailing Address PO Box 1457</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB21.7311</p> <p>Date of Disbursement 03 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tom Joyner Foundation</p> <p>Mailing Address 13760 Noel Rd, suite 750</p> <p>City Dallas State TX Zip Code 75240</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB21.7315</p> <p>Date of Disbursement 03 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1500.00

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

10350.00



**Image# 27931025290**

Form/Schedule: **SB17**      2007 Democratic Caucus Issues Conference - Kingsmill Resort, Feb. 1 - 3 2007  
Transaction ID: **SB17.7191**

Form/Schedule: **SB17**      CATO Travel - Washington, DC  
Transaction ID: **SB17.7250**

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**Image# 27931025291**

Form/Schedule: **SB17** Verizon Wireless - 6220 Baltimore Natn'l Pike, Baltimore, MD  
Transaction ID: **SB17.7196**

Form/Schedule: **SB17** Georgetown Suites Harbor - Washington, DC  
Transaction ID: **SB17.7238**

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