

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

DONNA EDWARDS FOR CONGRESS

ADDRESS (number and street) P.O. Box 441153

Check if different than previously reported. (ACC)

FORT WASHINGTON MD 20749

2. **FEC IDENTIFICATION NUMBER** C00422964

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A) MD 04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on [ ] [ ] [ ] in the State of [ ]

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

General (30G)  Runoff (30R)  Special (30S)

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2010 through 03 31 2010

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

Type or Print Name of Treasurer Janice Edwards

Signature of Treasurer Electronically Filed by Janice Edwards Date 04 11 2010

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

DONNA EDWARDS FOR CONGRESS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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)).....	53322.40	406028.41
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	905.55
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	53322.40	405122.86
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	61043.75	297692.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	253.00	2882.11
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	60790.75	294810.44
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>134813.05</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>10020.00</b>	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
DONNA EDWARDS FOR CONGRESS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	19780.60	146393.96
(i) Itemized (use Schedule A).....	5172.45	58268.50
(ii) Unitemized.....	24953.05	204662.46
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	28369.35	201365.95
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	53322.40	406028.41
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	253.00	2882.11
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	53575.40	408910.52

**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.....	61043.75	297692.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	20000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	905.55
(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	905.55
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	61043.75	318598.10

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	142281.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	53575.40
25. SUBTOTAL (add Line 23 and Line 24).....	195856.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61043.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	134813.05

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 50  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Paul Brathwaite

Mailing Address 13102 Jordans Endeavor Drive

City State Zip Code  
Bowie MD 20720

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

Name of Employer Podesta Group      Occupation Principal

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	0

**Transaction ID:** SA11AI.50024

Amount of Each Receipt this Period  
250.00

Election Cycle-to-Date ▼ 250.00

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

Mailing Address 1830 11th Street NW Suite 1

City State Zip Code  
Washington DC 20001

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

Name of Employer US House of Representatives      Occupation Congressman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.50298

Amount of Each Receipt this Period  
545.30

In-kind - Food & Beverage

Election Cycle-to-Date ▼ 545.30

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

Mailing Address 7106 Wells Pkwy

City State Zip Code  
University Park MD 20782

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

Name of Employer

Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.50002

Amount of Each Receipt this Period  
500.00

Election Cycle-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1295.30**

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

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

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

FOR LINE NUMBER: PAGE 6 / 50  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Glenwood Elam, Jr.  
Mailing Address 2312 Neeslane  
City State Zip Code  
**Silver Spring MD 20905**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**500.00**  
Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 02 / 2010**  
**Transaction ID: SA11AI.49975**  
Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
Allison Fine  
Mailing Address 9 Hancock Pl  
City State Zip Code  
**Irvington NY 10533**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self  
**Writer**  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**500.00**  
Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 26 / 2010**  
**Transaction ID: SA11AI.50128**  
Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
Richard Gale  
Mailing Address 75 Eastmoor Avenue  
Apt #4  
City State Zip Code  
**Daly City CA 94015**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
None  
**Retired Educator**  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**215.00**  
Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 07 / 2010**  
**Transaction ID: SA11AI.50062**  
Amount of Each Receipt this Period  
**15.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1015.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 50  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Richard Gale</p> <p>Mailing Address <b>75 Eastmoor Avenue</b> <b>Apt #4</b></p> <p>City State Zip Code <b>Daly City CA 94015</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: None      Occupation: Retired Educator</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">225.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 28 / 2010</span></p> <p><b>Transaction ID: SA11AI.50104</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">10.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Richard Gale</p> <p>Mailing Address <b>75 Eastmoor Avenue</b> <b>Apt #4</b></p> <p>City State Zip Code <b>Daly City CA 94015</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: None      Occupation: Retired Educator</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 07 / 2010</span></p> <p><b>Transaction ID: SA11AI.50111</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">15.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Betsy Gressler</p> <p>Mailing Address <b>1230 Dale Drive</b></p> <p>City State Zip Code <b>Silver Spring MD 20910</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Convio      Occupation: Director Acct Services</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 26 / 2010</span></p> <p><b>Transaction ID: SA11AI.50133</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">275.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 50  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carolyn Karcher</p> <p>Mailing Address 646 Independence Avenue SE</p> <p>City State Zip Code <b>Washington DC 20003</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: None      Occupation: Retired University Professor</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">226.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 5 / 2 0 1 0</span></p> <p><b>Transaction ID: SA11AI.50085</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Carolyn Karcher</p> <p>Mailing Address 646 Independence Avenue SE</p> <p>City State Zip Code <b>Washington DC 20003</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: None      Occupation: Retired University Professor</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">276.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 3 / 2 8 / 2 0 1 0</span></p> <p><b>Transaction ID: SA11AI.50143</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Daniel Kelly</p> <p>Mailing Address 5601 Foggy Lane</p> <p>City State Zip Code <b>Darwood MD 20855</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer:      Occupation:</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 2 7 / 2 0 1 0</span></p> <p><b>Transaction ID: SA11AI.49987</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">600.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Kelly	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 1701 Cabin Branch	<b>Transaction ID:</b> SA11AI.50102
	City State Zip Code Cheverly MD 20785	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kelly Press Occupation Printer Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Fernando Laguarda	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 4116 Harrison Street NW	<b>Transaction ID:</b> SA11AI.50034
	City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Time Warner Cable Occupation Vice President Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Macharrie	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 905 Crest Park Drive	<b>Transaction ID:</b> SA11AI.50028
	City State Zip Code Silver Spring MD 20903	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 50  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Jean Martensen  
Mailing Address 14008 Parkland Drive  
City State Zip Code  
Rockville MD 20853  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
300.00  
Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2010  
Transaction ID: SA11AI.50010  
Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Mazerov  
Mailing Address 8912 Alton Pkwy  
City State Zip Code  
Silver Spring MD 20910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Center on Budget and Policy Priorities  
Policy Analyst  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00  
Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2010  
Transaction ID: SA11AI.50042  
Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Josephine Merck  
Mailing Address 171 Cat Rock Road  
City State Zip Code  
Cos Cob CT 06807  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self  
Artist  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
750.00  
Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010  
Transaction ID: SA11AI.50161  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 50  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Karen Meyers  
 Mailing Address 12211 Drews Court  
 City State Zip Code  
 Potomac MD 20854  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 15 / 2010  
**Transaction ID:** SA11AI.49954  
 Amount of Each Receipt this Period  
 493.83  
 In-kind - Food, beverage, paper products, supplies  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 493.83

**B.** Full Name (Last, First, Middle Initial)  
Karen Meyers  
 Mailing Address 6801 Kenilworth Avenue  
 Ste. 400  
 City State Zip Code  
 Riverdale MD 20737  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 17 / 2010  
**Transaction ID:** SA11AI.50012  
 Amount of Each Receipt this Period  
 1906.17  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1906.17

**C.** Full Name (Last, First, Middle Initial)  
Karen Montgomery  
 Mailing Address 211 Market Street  
 City State Zip Code  
 Brookeville MD 20833  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2010  
**Transaction ID:** SA11AI.50013  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State of Maryland State Delegate  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 50  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Capt. Bob Morris

Mailing Address P.O. Box 261

City State Zip Code  
Teton Village WY 83025

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

Name of Employer Journeys School Occupation Latin teacher

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2010

**Transaction ID:** SA11AI.49976

Amount of Each Receipt this Period  
2400.00

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

Mailing Address 12500 Fair Lakes Circle  
Suite 400

City State Zip Code  
Fairfax VA 22033

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

Name of Employer The Peterson Companies Occupation Senior Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** SA11AI.50033

Amount of Each Receipt this Period  
1400.00

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

Mailing Address 12500 Fair Lakes Circle  
Suite 400

City State Zip Code  
Fairfax VA 22033

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

Name of Employer The Peterson Companies Occupation Senior Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** SA11AI.50300

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 50  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Milton Peterson

Mailing Address 12500 Fair Lakes Circle  
Suite 400

City State Zip Code  
Fairfax VA 22033

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

Name of Employer Occupation  
Peterson Companies President and CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.50032

Amount of Each Receipt this Period  
2000.00

2000.00

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

Mailing Address 12500 Fair Lakes Circle  
Suite 400

City State Zip Code  
Fairfax VA 22033

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

Transaction ID: SA11AI.49992

Amount of Each Receipt this Period  
2400.00

2400.00

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

Mailing Address 1830 11th Street NW  
Suite 1

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
Global Policy Solutions President & CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

Transaction ID: SA11AI.50291

Amount of Each Receipt this Period  
545.30

In-kind - Food & Beverage

545.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4945.30**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 50  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Carl Schieren

Mailing Address 60 Sutton Place South  
Apt. 4GN

City State Zip Code  
New York NY 10022

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

Name of Employer None Occupation Not Employed

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.50167

Amount of Each Receipt this Period  
300.00

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

Mailing Address 300 Sourwood Court

City State Zip Code  
Millersville MD 21108

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

Name of Employer None Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.50116

Amount of Each Receipt this Period  
100.00

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

Mailing Address 9632 Fort Foote Road

City State Zip Code  
Fort Washington MD 20744

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

Name of Employer Federal Aviation Administration Occupation Engineer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID:** SA11AI.50037

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

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

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

**A.**

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

Mailing Address 1713 Q St NW

City State Zip Code  
**Washington DC 20009**

FEC ID number of contributing federal political committee. C

Name of Employer: Lichtman, Trister & Ross PLLC  
Occupation: Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 01 / 26 / 2010  
**Transaction ID: SA11AI.49990**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Annie Umbricht

Mailing Address 804 Huntsman Road

City State Zip Code  
**Towson MD 21286**

FEC ID number of contributing federal political committee. C

Name of Employer: Johns Hopkins  
Occupation: Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 03 / 28 / 2010  
**Transaction ID: SA11AI.50145**

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Lori Wallach

Mailing Address 215 Pennsylvania Avenue SE

City State Zip Code  
**Washington DC 20003**

FEC ID number of contributing federal political committee. C

Name of Employer: Public Citizen  
Occupation: Lawyer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 02 / 07 / 2010  
**Transaction ID: SA11AI.50063**

Amount of Each Receipt this Period  
400.00

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

**TOTAL** This Period (last page this line number only) ..... 19780.60

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 50  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
AMALGAMATED TRANSIT UNION-COPE  
Mailing Address 5025 WISCONSIN AVE. N.W.  
City WASHINGTON State DC Zip Code 20016  
FEC ID number of contributing federal political committee. **C** C00032995  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt: 02 / 16 / 2010  
Transaction ID: SA11C.49946  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMGEN INC. POLITICAL ACTION COMMITTEE  
Mailing Address 601 13th Street, NW  
12th Floor  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00251876  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt: 03 / 29 / 2010  
Transaction ID: SA11C.49967  
Amount of Each Receipt this Period: 2000.00

**C.** Full Name (Last, First, Middle Initial)  
CH2M HILL COMPANIES LTD PAC  
Mailing Address 9191 S JAMAICA STREET  
City ENGLEWOOD State CO Zip Code 80112  
FEC ID number of contributing federal political committee. **C** C00143305  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 03 / 22 / 2010  
Transaction ID: SA11C.49971  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

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

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 Third Street, NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

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

Transaction ID: SA11C.49944

Amount of Each Receipt this Period

1000.00

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

Mailing Address PO Box 8313  
SUITE 300

City State Zip Code  
Burlington VT 05402

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: SA11C.49962

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC WOMEN 2010

Mailing Address 1341 G STREET NW SUITE 740

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5340.35

Date of Receipt

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

Transaction ID: SA11C.49942

Amount of Each Receipt this Period

5340.35

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

11340.35

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 50  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
FLORIDA DELIVERS LEADERSHIP PAC  
Mailing Address 1831 BAY STREET SE  
City WASHINGTON State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00450247  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 01 / 26 / 2010  
Transaction ID: SA11C.49961  
Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
LEAGUE OF CONSERVATION VOTERS ACTION FUND  
Mailing Address 1920 L St NW Suite 800  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 29.00  
Date of Receipt 03 / 09 / 2010  
Transaction ID: SA11C.49952  
Amount of Each Receipt this Period 29.00  
In-kind - Staff expenses incurred by LCVAF

**C.** Full Name (Last, First, Middle Initial)  
MID-ATLANTIC LABORERS' POLITICAL LEAGUE  
Mailing Address 12355 SUNRISE VALLEY DRIVE STE 240  
City RESTON State VA Zip Code 20191  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00  
Date of Receipt 03 / 16 / 2010  
Transaction ID: SA11C.49970  
Amount of Each Receipt this Period 3500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5529.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 50  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL LEAGUE OF POSTMASTERS OF THE US POLITICAL ACTION COMMITTEE

Mailing Address 5904 Richmond Hwy Suite 500

City State Zip Code  
ALEXANDRIA VA 22303

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2010

**Transaction ID:** SA11C.49950

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL WEATHER SERVICE EMPLOYEES ORGANIZATION POLITICAL ACTION COMMITTEE

Mailing Address 601 PENNSYLVANIA AVE NW SUITE 900

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00318311

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2010

**Transaction ID:** SA11C.49951

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION (SEIU) LOCAL 1000

Mailing Address 1800 Massachusetts Ave NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2010

**Transaction ID:** SA11C.49945

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 50
	(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)  
DONNA EDWARDS FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

Mailing Address 1775 K STREET N.W.

City State Zip Code  
WASHINGTON DC 20006

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  

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

**Transaction ID:** SA11C.49959

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
USACTION FUND FOR A TRUE MAJORITY

Mailing Address 1825 K Street, N.W., Suite 210

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00442103

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

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

**Transaction ID:** SA11C.49949

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	28369.35

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 50  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Paychex Insurance Agency Inc.

Mailing Address 150 Sawgrass Drive

City	State	Zip Code
Rochester	NY	14620

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

Name of Employer	Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 253.00

Date of Receipt

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

Transaction ID: SA14.49941

Amount of Each Receipt this Period  
253.00

Refund of excess W-2 preparation fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	253.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	253.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) ActBlue Technical Services  Mailing Address 14 Arrow Street  City Cambridge State MA Zip Code 02138  Purpose of Disbursement Fund Raising Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50278 Date of Disbursement 01 / 03 / 2010  Amount of Each Disbursement this Period 57.34  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) ActBlue Technical Services  Mailing Address 14 Arrow Street  City Cambridge State MA Zip Code 02138  Purpose of Disbursement Fund Raising Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50279 Date of Disbursement 01 / 10 / 2010  Amount of Each Disbursement this Period 20.51  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) ActBlue Technical Services  Mailing Address 14 Arrow Street  City Cambridge State MA Zip Code 02138  Purpose of Disbursement Fund Raising Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50280 Date of Disbursement 01 / 24 / 2010  Amount of Each Disbursement this Period 0.77  Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	78.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50281 Date of Disbursement 01 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 9.29
B.	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50283 Date of Disbursement 02 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 19.46
C.	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50284 Date of Disbursement 02 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2.05

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

**30.80**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ActBlue Technical Services  Mailing Address 14 Arrow Street  City Cambridge State MA Zip Code 02138  Purpose of Disbursement Fund Raising Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50282 Date of Disbursement 02 / 21 / 2010  Amount of Each Disbursement this Period 1.30
B.	Full Name (Last, First, Middle Initial) ActBlue Technical Services  Mailing Address 14 Arrow Street  City Cambridge State MA Zip Code 02138  Purpose of Disbursement Fund Raising Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50285 Date of Disbursement 02 / 28 / 2010  Amount of Each Disbursement this Period 52.11
C.	Full Name (Last, First, Middle Initial) ActBlue Technical Services  Mailing Address 14 Arrow Street  City Cambridge State MA Zip Code 02138  Purpose of Disbursement Fund Raising Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50290 Date of Disbursement 03 / 07 / 2010  Amount of Each Disbursement this Period 11.28

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>64.69</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50286 Date of Disbursement MM / DD / YYYY 03 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 9.88
<b>B.</b>	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50287 Date of Disbursement MM / DD / YYYY 03 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 5.25
<b>C.</b>	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50288 Date of Disbursement MM / DD / YYYY 03 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 60.58

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

75.71

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
ActBlue Technical Services

Mailing Address 14 Arrow Street

City State Zip Code  
Cambridge MA 02138

Purpose of Disbursement  
Fund Raising Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.50289  
Date of Disbursement

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

Amount of Each Disbursement this Period

58.91

B.

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

Mailing Address P.O. Box 200

City State Zip Code  
Wilson NC 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.50208  
Date of Disbursement

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

Amount of Each Disbursement this Period

7.95

C.

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

Mailing Address P.O. Box 200

City State Zip Code  
Wilson NC 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.50209  
Date of Disbursement

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

Amount of Each Disbursement this Period

5.95

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

72.81

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50214 Date of Disbursement 01 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 37.45
<b>B.</b>	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50217 Date of Disbursement 01 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 30.10
<b>C.</b>	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50275 Date of Disbursement 01 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 20.00

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

87.55

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50215 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 37.45
<b>B.</b>	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50210 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 7.95
<b>C.</b>	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50211 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 5.95

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

51.35

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50276 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 20.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50218 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 9.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50216 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 37.45
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

66.45

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50212 Date of Disbursement 03 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 7.95
B.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50213 Date of Disbursement 03 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 5.95
C.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50277 Date of Disbursement 03 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 20.00

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

**33.90**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50206 Date of Disbursement 03 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 5.92
B.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50207 Date of Disbursement 03 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 5.00
C.	Full Name (Last, First, Middle Initial) Carey International, Inc. <hr/> Mailing Address 4530 Wisconsin Avenue NW <hr/> City Washington State DC Zip Code 20016 <hr/> Purpose of Disbursement Travel - Ground Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50222 Date of Disbursement 03 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 944.51

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

**955.43**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Adrienne Christian</p> <p>Mailing Address 511 Four Mile Road</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Consulting Services - Campaign Mgmt</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50191</p> <p>Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2499.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Adrienne Christian</p> <p>Mailing Address 511 Four Mile Road</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Consulting Services - Campaign Mgmt</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50199</p> <p>Date of Disbursement 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 833.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road Suite 329</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement Email Marketing and Survey Tools</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50225</p> <p>Date of Disbursement 01 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p>

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

3482.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Constant Contact <hr/> Mailing Address 1601 Trapelo Road Suite 329 <hr/> City Waltham State MA Zip Code 02451 <hr/> Purpose of Disbursement Email Marketing and Survey Tools Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50223 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 150.00
<b>B.</b> Full Name (Last, First, Middle Initial) Constant Contact <hr/> Mailing Address 1601 Trapelo Road Suite 329 <hr/> City Waltham State MA Zip Code 02451 <hr/> Purpose of Disbursement Email Marketing and Survey Tools Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50224 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 75.00
<b>C.</b> Full Name (Last, First, Middle Initial) Elijah Cummings <hr/> Mailing Address 1830 11th Street NW Suite 1 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement In-kind - Food & Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50299 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 545.30

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

770.30

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Delta Air Lines  Mailing Address 1030 Delta Boulevard  City Atlanta State GA Zip Code 30320  Purpose of Disbursement Travel - Airfare Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50228 Date of Disbursement 03 / 25 / 2010  Amount of Each Disbursement this Period 209.70
<b>B.</b>	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee  Mailing Address 430 South Capitol Street SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Dues & Event Sponsorship Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50200 Date of Disbursement 03 / 11 / 2010  Amount of Each Disbursement this Period 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Extra Space Storage  Mailing Address 9211 Livingston Road  City Fort Washington State MD Zip Code 20744  Purpose of Disbursement Storage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50219 Date of Disbursement 01 / 19 / 2010  Amount of Each Disbursement this Period 546.30

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

5756.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Extra Space Storage</p> <p>Mailing Address 9211 Livingston Road</p> <p>City Fort Washington State MD Zip Code 20744</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.50220</p> <p>Date of Disbursement MM / DD / YYYY 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 183.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hyatt Regency Chesapeake Bay</p> <p>Mailing Address 100 Heron Blvd.</p> <p>City Cambridge State MD Zip Code 21613</p> <p>Purpose of Disbursement Travel - Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.50236</p> <p>Date of Disbursement MM / DD / YYYY 01 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 204.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hyatt Regency Chesapeake Bay</p> <p>Mailing Address 100 Heron Blvd.</p> <p>City Cambridge State MD Zip Code 21613</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.50237</p> <p>Date of Disbursement MM / DD / YYYY 01 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 45.25</p>

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

**432.25**

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

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) JSTREETPAC  Mailing Address PO Box 33106  City Washington State DC Zip Code 20033  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.50175 Date of Disbursement 01 / 26 / 2010  Amount of Each Disbursement this Period 0.75
<b>B.</b>	Full Name (Last, First, Middle Initial) JSTREETPAC  Mailing Address PO Box 33106  City Washington State DC Zip Code 20033  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.50176 Date of Disbursement 03 / 29 / 2010  Amount of Each Disbursement this Period 3.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Maryland National Capital Park and Planning Commision  Mailing Address 6611 Kenilworth Avenue  City Riverdale State MD Zip Code 20737  Purpose of Disbursement Facility Rental  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.50241 Date of Disbursement 02 / 04 / 2010  Amount of Each Disbursement this Period 325.00

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

328.75

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Maryland State DLLR</p> <p>Mailing Address 1100 N. Eutaw Street Room 414</p> <p>City Baltimore State MD Zip Code 21201</p> <p>Purpose of Disbursement Unemployment Insurance Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50238</p> <p>Date of Disbursement MM / DD / YYYY 02 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 675.61</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Maryland State DLLR</p> <p>Mailing Address 1100 N. Eutaw Street Room 414</p> <p>City Baltimore State MD Zip Code 21201</p> <p>Purpose of Disbursement Unemployment Insurance Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50245</p> <p>Date of Disbursement MM / DD / YYYY 02 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 16.89</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Maurice G. Fitzgerald, Photographer</p> <p>Mailing Address 2705 Cator Drive</p> <p>City Fort Washington State MD Zip Code 20744</p> <p>Purpose of Disbursement Photographic Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50195</p> <p>Date of Disbursement MM / DD / YYYY 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

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

1092.50

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) McCormick & Schmick's Harborside <hr/> Mailing Address 145 National Plaza <hr/> City Oxon Hill State MD Zip Code 20745 <hr/> Purpose of Disbursement Campaign Staff Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50239 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 139.86
B.	Full Name (Last, First, Middle Initial) Metropolitan Washington Council AFL-CIO <hr/> Mailing Address 888 16th Street NW Suite 520 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Sponsorship Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50189 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1750.00
C.	Full Name (Last, First, Middle Initial) Karen Meyers <hr/> Mailing Address 12211 Drews Court <hr/> City Potomac State MD Zip Code 20854 <hr/> Purpose of Disbursement In-kind - Food, beverage, paper products, supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.49956 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 493.83

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

2383.69

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mid-Atlantic Real Estate Investments <hr/> Mailing Address 9161 Liberia Avenue Suite 207 <hr/> City Manassas State VA Zip Code 20110 <hr/> Purpose of Disbursement Office Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50185 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1175.18
<b>B.</b>	Full Name (Last, First, Middle Initial) Mid-Atlantic Real Estate Investments <hr/> Mailing Address 9161 Liberia Avenue Suite 207 <hr/> City Manassas State VA Zip Code 20110 <hr/> Purpose of Disbursement Office Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50187 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1175.18
<b>C.</b>	Full Name (Last, First, Middle Initial) Mid-Atlantic Real Estate Investments <hr/> Mailing Address 9161 Liberia Avenue Suite 207 <hr/> City Manassas State VA Zip Code 20110 <hr/> Purpose of Disbursement Office Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50184 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1175.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3525.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mid-Atlantic Real Estate Investments

Transaction ID: SB17.50197

Date of Disbursement

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

Mailing Address 9161 Liberia Avenue  
Suite 207

Amount of Each Disbursement this Period

1175.18
---------

City Manassas State VA Zip Code 20110

Purpose of Disbursement  
Office Rent

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Montgomery County Democratic Central Committee

Transaction ID: SB17.50240

Date of Disbursement

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

Mailing Address 3720 Farragut Avenue  
#303

Amount of Each Disbursement this Period

150.00
--------

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Event Tickets

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
NARAL Pro-Choice Maryland

Transaction ID: SB17.50182

Date of Disbursement

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

Mailing Address 8121 Georgia Avenue  
Suite 501

Amount of Each Disbursement this Period

500.00
--------

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement  
Sponsorship

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

1825.18
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) National Democratic Club  Mailing Address 30 Ivy Street SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Banquet Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50192 Date of Disbursement 02 / 05 / 2010  Amount of Each Disbursement this Period 1351.29
B.	Full Name (Last, First, Middle Initial) National Democratic Club  Mailing Address 30 Ivy Street SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50242 Date of Disbursement 03 / 22 / 2010  Amount of Each Disbursement this Period 65.38
C.	Full Name (Last, First, Middle Initial) Paychex Insurance Agency Inc.  Mailing Address 150 Sawgrass Drive  City Rochester State NY Zip Code 14620  Purpose of Disbursement Payroll services - W-2 Preparation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50246 Date of Disbursement 03 / 04 / 2010  Amount of Each Disbursement this Period 200.25

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

1616.92

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Paychex Insurance Agency Inc.  Mailing Address 150 Sawgrass Drive  City Rochester State NY Zip Code 14620  Purpose of Disbursement Payroll services - W-2 Preparation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50247 Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2010  Amount of Each Disbursement this Period 200.25
B.	Full Name (Last, First, Middle Initial) Jeremiah Pope  Mailing Address 10503 Sweetbriar Parkway  City Silver Spring State MD Zip Code 20903  Purpose of Disbursement Consulting Services - Fund Raising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50181 Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2010  Amount of Each Disbursement this Period 4000.00
C.	Full Name (Last, First, Middle Initial) Jeremiah Pope  Mailing Address 10503 Sweetbriar Parkway  City Silver Spring State MD Zip Code 20903  Purpose of Disbursement Consulting Services - Fund Raising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50183 Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2010  Amount of Each Disbursement this Period 4000.00

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

**8200.25**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Jeremiah Pope <hr/> Mailing Address 10503 Sweetbriar Parkway <hr/> City Silver Spring State MD Zip Code 20903 <hr/> Purpose of Disbursement Consulting Services - Fund Raising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.50198 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 7155.82
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Puttin on the Ritz <hr/> Mailing Address 9115 Whiskey Bottom Road Suite E <hr/> City Laurel State MD Zip Code 20723 <hr/> Purpose of Disbursement Catering Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.50250 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1515.80
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Puttin on the Ritz <hr/> Mailing Address 9115 Whiskey Bottom Road Suite E <hr/> City Laurel State MD Zip Code 20723 <hr/> Purpose of Disbursement Catering Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.50251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 487.60
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

9159.22

**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)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Maya Rockeymoore</p> <p>Mailing Address 1830 11th Street NW Suite 1</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-kind - Food &amp; Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50293</p> <p>Date of Disbursement MM / DD / YYYY 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 545.30</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Shell</p> <p>Mailing Address 8511 Oxon Hill Road</p> <p>City Fort Washington State MD Zip Code 20744</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50254</p> <p>Date of Disbursement MM / DD / YYYY 01 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 38.70</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shell</p> <p>Mailing Address 8511 Oxon Hill Road</p> <p>City Fort Washington State MD Zip Code 20744</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50255</p> <p>Date of Disbursement MM / DD / YYYY 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 33.12</p>

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

**617.12**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Shell <hr/> Mailing Address 8511 Oxon Hill Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.50256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 36.19
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Shell <hr/> Mailing Address 8511 Oxon Hill Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.50257 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 24.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Shell <hr/> Mailing Address 8511 Oxon Hill Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.50258 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 29.12
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

89.31

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.50259 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 37.44
<b>B.</b>	Full Name (Last, First, Middle Initial) Staples #584 Mailing Address 6139 Oxon Hill Road City Oxon Hill State MD Zip Code 20745 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.50262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 135.66
<b>C.</b>	Full Name (Last, First, Middle Initial) Staples #584 Mailing Address 6139 Oxon Hill Road City Oxon Hill State MD Zip Code 20745 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.50196 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 797.04

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>970.14</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)  
DONNA EDWARDS FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) SyDar Corporation</p> <p>Mailing Address 4915 Lawrence Place</p> <p>City Hyattsville State MD Zip Code 20781</p> <p>Purpose of Disbursement Print Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50263</p> <p>Date of Disbursement MM / DD / YYYY 02 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 3452.95</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Third Coast Research</p> <p>Mailing Address 688 North Milwaukee Avenue</p> <p>City Chicago State IL Zip Code 60642</p> <p>Purpose of Disbursement Research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50202</p> <p>Date of Disbursement MM / DD / YYYY 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jarrod Tillman</p> <p>Mailing Address 8930 Congress Place</p> <p>City Landover State MD Zip Code 20785</p> <p>Purpose of Disbursement DJ Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.50194</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 375.00</p>

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

9327.95

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service  Mailing Address Fort Washington Post Office 11550 Livingston RD  City Fort Washington State MD Zip Code 20744  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50268 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 44.00
B.	Full Name (Last, First, Middle Initial) U.S. Postal Service Store  Mailing Address Stamp Fulfillment Services 8300 NE Underground Drive Pillar 2  City Kansas City State MO Zip Code 64144  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50269 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 4401.00
C.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 17577  City Baltimore State MD Zip Code 21297  Purpose of Disbursement Phones Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.50270 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period 399.39

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

4844.39

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 17577  City Baltimore State MD Zip Code 21297  Purpose of Disbursement Phones Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.50190 Date of Disbursement 02 / 02 / 2010  Amount of Each Disbursement this Period 824.48
B.	Full Name (Last, First, Middle Initial) Daniel Weber  Mailing Address 1356 Kenyon St. NW, #2  City Washington State DC Zip Code 20010  Purpose of Disbursement Consulting Services - Communications Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.50186 Date of Disbursement 03 / 16 / 2010  Amount of Each Disbursement this Period 1743.00
C.	Full Name (Last, First, Middle Initial) Daniel Weber  Mailing Address 1356 Kenyon St. NW, #2  City Washington State DC Zip Code 20010  Purpose of Disbursement Consulting Services - Communications Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.50205 Date of Disbursement 03 / 30 / 2010  Amount of Each Disbursement this Period 1275.00

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

**3842.48**

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

**59781.12**

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

(Use separate schedule(s) for each numbered line)	PAGE 50 / 50	
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
 DONNA EDWARDS FOR CONGRESS

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

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

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