

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

ADDRESS (number and street) ▼

PO BOX 1631

Check if different than previously reported. (ACC)

BALTIMORE

MD

21203

2. **FEC IDENTIFICATION NUMBER** ▼

C C00310318

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MD

07

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

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 04 / 26 / 2016 in the State of MD

(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 / 2016 through 04 / 06 / 2016

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

Type or Print Name of Treasurer Ronald Thompson

Signature of Treasurer Ronald Thompson

[Electronically Filed]

Date

05 / 10 / 2016

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	115110.00	697302.15
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	115110.00	691802.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	118655.77	406402.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	16252.50	22163.87
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	102403.27	384238.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1023957.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34250.00	317982.15
(ii) Unitemized.....	2160.00	15120.00
(iii) TOTAL of contributions from individuals ▶	36410.00	333102.15
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACs).....	78700.00	363700.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	115110.00	697302.15
<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>	16252.50	22163.87
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	217.68	852.68
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	131580.18	720318.70

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	118655.77	406402.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	5500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5500.00
21. OTHER DISBURSEMENTS .....	99960.00	188445.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	218615.77	600347.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1110993.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	131580.18
25. SUBTOTAL (add Line 23 and Line 24).....	1242573.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	218615.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1023957.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Earl Adams**

Mailing Address 12603 LaGrange CT

City State Zip Code  
Fort Washington MD 20744

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

Name of Employer Occupation  
DLA Piper Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11AI.17745**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 6118 Camel Back Lane

City State Zip Code  
Columbia MD 21045

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

Name of Employer Occupation  
Epitaxial Tech Scientist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11AI.17831**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 317 Opera CT

City State Zip Code  
Silver Spring MD 20901

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

Name of Employer Occupation  
Ambush & Assoc CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11AI.17956**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 6 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Peter Angelos**

Mailing Address 100 N. Charles Street, Suite 2200

City Baltimore State MD Zip Code 21201

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.18031**

Amount of Each Receipt this Period  
1700.00

Memo Item

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

Mailing Address 100 N. Charles Street, Suite 2200

City Baltimore State MD Zip Code 21201

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.18074**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1140 Mayor Place

City Beverly Hills State CA Zip Code 90210

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2016

**Transaction ID : SA11AI.17986**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 7 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**William Baugh**

Mailing Address 1064 Rustlings Oaks Dr

City Millersville State MD Zip Code 21108

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

Name of Employer TVI Corp Occupation Associate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11AI.17872**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

Mailing Address 408 Chaplewood Ln

City Lutherville State MD Zip Code 21093

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

Name of Employer Requested Occupation Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11AI.17853**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

Mailing Address 764 Stacy Oak Way

City Millersville State MD Zip Code 21108

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

Name of Employer Brunage-Bowe-Blanchet Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

**Transaction ID : SA11AI.17812**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

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

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

\_\_\_\_\_ 1000.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth Bowler**

Mailing Address 11532 Manorstone Lane

City Columbia State MD Zip Code 21044

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11AI.17867**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address PO Box 6575

City Ellicott City State MD Zip Code 21042

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11AI.17833**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1600 L Street

City Washington State DC Zip Code 20036

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

Name of Employer Self Occupation Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11AI.18019**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

4200.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Helen Dale</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 15 / 2016	
Mailing Address 5128 Yellowood Ave		<b>Transaction ID : SA11AI.17871</b>	
City Baltimore	State MD	Zip Code 21209	Amount of Each Receipt this Period _____ 250.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		C	
Name of Employer MDOT - MVA	Occupation Public Affairs		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>B. J.C Dann</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 08 / 2016	
Mailing Address 233 Springfield Dr		<b>Transaction ID : SA11AI.17827</b>	
City North East	State MD	Zip Code 21901	Amount of Each Receipt this Period _____ 1000.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		C	
Name of Employer Dann Marine Towing, Inc	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Z David Deloach</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 08 / 2016	
Mailing Address 9210 Gail Dr		<b>Transaction ID : SA11AI.17829</b>	
City Bator Rouge	State LA	Zip Code 70809	Amount of Each Receipt this Period _____ 500.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee.		C	
Name of Employer Delaware Marine Operations	Occupation President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

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

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

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

FOR LINE NUMBER: PAGE 10 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Neil Didriksen**

Mailing Address 11659 St Davids Lane

City Lutherville State MD Zip Code 21093

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

Name of Employer Philanthropic Ventures Occupation Principal

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 27 / 2016**

**Transaction ID : SA11AI.17797**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address 3226 Blackwalnut Dr

City Annapolis State MD Zip Code 21403

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

Name of Employer Atlantic Strategies Occupation Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2016**

**Transaction ID : SA11AI.18014**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

Mailing Address 1912 South Rd

City Baltimore State MD Zip Code 21209

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

Name of Employer Dugan & Jakubowski, P.A. Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 05 / 2016**

**Transaction ID : SA11AI.17940**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**1750.00**

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

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

FOR LINE NUMBER: PAGE 11 OF 79  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Isaac Fordjour**

Mailing Address 10921 Rocky Mount Way

City State Zip Code  
Silver Spring MD 20902

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

Name of Employer Occupation  
Boston Scientific Corp Government Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 18 2016

**Transaction ID : SA11AI.17752**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**H. Russell Frisby Jr.**

Mailing Address 5107 Northern Fences Ln

City State Zip Code  
Columbia MD 21044

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

Name of Employer Occupation  
Comptel Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 27 2016

**Transaction ID : SA11AI.17805**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 36 S. CHARLES

City State Zip Code  
BALTIMORE MD 21201

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

Name of Employer Occupation  
FEDDER & GARTEN ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 27 2016

**Transaction ID : SA11AI.17798**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Larry Gibson**

Mailing Address 237 Lambeth Road

City Baltimore State MD Zip Code 21218

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11AI.17850**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 5517 Groveland

City Baltimore State MD Zip Code 21215

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

Name of Employer Occupation  
 The Henson Development Co., Inc. Real Estate Developer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11AI.17795**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 18 Aston Ct

City Owings Mills State MD Zip Code 21117

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

Name of Employer Occupation  
 UMBC President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11AI.17849**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 79

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Robert Hughes**

Mailing Address 24 University Rd

City East Brunswick State NJ Zip Code 08816

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

Name of Employer Hughes Brothers, Inc Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11AI.17825**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 6416 Brookside Dr

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.18026**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 13 E. Riding Drive

City Cherry Hill State NJ Zip Code 08003

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

Name of Employer Vane Brothers Occupation General Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11AI.17826**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 14 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Pless Jones**

Mailing Address 3010 Ridgewood Ave

City Baltimore State MD Zip Code 21215

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

Name of Employer P&J Trucking Occupation CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11AI.17837**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 7819 Montvale Way

City McLean State VA Zip Code 22102

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

Name of Employer Requested Occupation Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.18025**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 2802 Hollingsworth Rd

City Reisterstown State MD Zip Code 21136

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

Name of Employer Squire Patton Boggs, LLP Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.18028**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**King-Bess King**

Mailing Address 9222 Owings Choice Court

City Owings Mills State MD Zip Code 21117

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

Name of Employer King & King CPA Occupation CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2016

**Transaction ID : SA11AI.17809**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 2 Farmington CT

City Chevy Chase State MD Zip Code 20815

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

Name of Employer GEF Occupation Economist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11AI.17749**

Amount of Each Receipt this Period  
 2700.00

Memo Item

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

Mailing Address 2 Farmington CT

City Chevy Chase State MD Zip Code 20815

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

Name of Employer GEF Occupation Economist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11AI.17751**

Amount of Each Receipt this Period  
 2300.00

Memo Item

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

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

**5250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 618 W. University Pkwy

City Baltimore State MD Zip Code 21210

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2016

**Transaction ID : SA11AI.17936**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 448 - 7th Street

City Brooklyn State NY Zip Code 11215

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

Name of Employer McAllister Towing Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11AI.17830**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1912 South Rd

City Baltimore State MD Zip Code 21209

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

Name of Employer Dugan, Babij and Tolley LLC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2016

**Transaction ID : SA11AI.17941**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Neal**

Mailing Address 12816 Willow Marsh Ln

City State Zip Code  
Bowie MD 20720

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

Name of Employer Occupation  
K. Neal International Trucks President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

**Transaction ID : SA11AI.17836**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 801 Key Highway

City State Zip Code  
Baltimore MD 21230

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

Name of Employer Occupation  
UMMS Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016

**Transaction ID : SA11AI.17801**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 6221 Park Ave

City State Zip Code  
Morton Grove IL 60053

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

Name of Employer Occupation  
VNA of Maryland Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 15 / 2016

**Transaction ID : SA11AI.17851**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Croft Register**

Mailing Address 425 Old Eagle School Rd

City State Zip Code  
Wayne PA 19087

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

Name of Employer Occupation  
Express Marine CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11A1.17828**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 520 S. Hanover Street

City State Zip Code  
Baltimore MD 21201

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

Name of Employer Occupation  
Univ of Maryland Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11A1.17744**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 13321 Ridgewood Drive

City State Zip Code  
Ellicott City MD 21042

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

Name of Employer Occupation  
Metropolitan Medical System Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11A1.17835**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 19 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 1131 University Blvd W, APT 510

City Silver Spring State MD Zip Code 20902

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

Name of Employer Unemployed Occupation Unemployed

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11AI.17856**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 310 Opera CT

City Silver Spring State MD Zip Code 20901

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

Name of Employer Akin Group Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11AI.18016**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1900 Linden Ave

City Baltimore State MD Zip Code 21217

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

Name of Employer Irvine Nature Center Occupation Administrator

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11AI.17864**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Stanley Tucker**

Mailing Address 1915 E. 32nd Street

City Baltimore State MD Zip Code 21218

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

Name of Employer MMG, Inc Occupation Lender

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11AI.17852**

Amount of Each Receipt this Period  
 150.00

Memo Item

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

Mailing Address 760 Crandell Rd

City West River State MD Zip Code 20778

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

Name of Employer Self Occupation Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11AI.17747**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 1104 Bryn Mawr Rd

City Baltimore State MD Zip Code 21210

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

Name of Employer Requested Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11AI.17796**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

1400.00

34250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1625 MASSACHUSETTS AVE, N.W.

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	01	/	2016

**Transaction ID : SA11C.18034**

Amount of Each Receipt this Period  
4000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMALGAMATED TRANSIT UNION-COPE**

Mailing Address 5025 WISCONSIN AVE. N.W.

City WASHINGTON	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	01	/	2016

**Transaction ID : SA11C.18041**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1050 31st Street N.W.

City Washington	State DC	Zip Code 20007
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	02	/	2016

**Transaction ID : SA11C.17821**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 22 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)**

Mailing Address 1015 15TH STREET, NW #802

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : SA11C.17879**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 80 F STREET, N.W.

City WASHINGTON State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11C.17807**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS EFFECTIVE LEGISLATION COMMITTEE (AICPA)**

Mailing Address HARBORSIDE FINANCIAL CENTER  
201 PLAZA 3

City JERSEY CITY State NJ Zip Code 07311

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2016

**Transaction ID : SA11C.17947**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 23 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 2215 CONSTITUTION AVENUE, NW

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00193854

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.18032**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

Mailing Address 499 SOUTH CAPITOL STREET SW #409

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

**Transaction ID : SA11C.17817**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN WATERWAYS OPERATORS-PAC**

Mailing Address 801 North Quincy Street  
Suite 200

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11C.17839**

Amount of Each Receipt this Period  
 5000.00

Memo Item

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

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

9000.00

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

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

FOR LINE NUMBER: PAGE 24 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION OF MARYLAND PILOTS PAC**

Mailing Address 3720 DILLON STREET

City Baltimore State MD Zip Code 21224

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

**Transaction ID : SA11C.17823**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

City Atlanta State GA Zip Code 30308

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2016

**Transaction ID : SA11C.17944**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BECTON, DICKINSON AND COMPANY PAC**

Mailing Address 1 BECTON DRIVE MC085

City Franklin Lakes State NJ Zip Code 07024

FEC ID number of contributing federal political committee. **C** C00376582

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.18038**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

2500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1370 ONTARIO STREET STANDARD BLDG

City State Zip Code  
CLEVELAND OH 44113

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

**Transaction ID : SA11C.17818**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 1500 MARKET STREET 35TH FLOOR

City State Zip Code  
PHILADELPHIA PA 19102

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11C.17876**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**CROWLEY MARITIME CORPORATION FEDERAL PAC**

Mailing Address 575 7th Street N.W.  
Suite 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00147231

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11C.17840**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DOMINION POLITICAL ACTION COMMITTEE**

Mailing Address One James River Plaza 20th Floor  
P.O. BOX 26666

City Richmond State VA Zip Code 23261

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11C.17759**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2016

**Transaction ID : SA11C.17991**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 25 MASSACHUSETTS AVE, NW  
9TH FLOOR

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00428623

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

**Transaction ID : SA11C.17819**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**INGRAM BARGE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address One Belle Meade Place  
4400 Harding Road

City Nashville State TN Zip Code 37205

FEC ID number of contributing federal political committee. **C** C00364471

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11C.17841**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION**

Mailing Address 1125 15TH ST N.W.

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2016

**Transaction ID : SA11C.17943**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 55 Waugh Drive  
Suite 1000

City Houston State TX Zip Code 77007

FEC ID number of contributing federal political committee. **C** C00250027

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11C.17877**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER: PAGE 28 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**LEAGUE OF CONSERVATION VOTERS ACTION FUND**

Mailing Address 1920 L Street 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: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11C.17961**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LEAGUE OF CONSERVATION VOTERS ACTION FUND**

Mailing Address 1920 L Street 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: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.18036**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City ARLINGTON State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2016

**Transaction ID : SA11C.17949**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 29 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**MGM RESORTS INTERNATIONAL PAC**

Mailing Address 2350 KERNER BLVD., SUITE 250

City State Zip Code  
SAN RAFAEL CA 94901

FEC ID number of contributing federal political committee. **C** C00299321

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11C.17959**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MORAN TOWING CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 50 LOCUST AVENUE

City State Zip Code  
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C** C00477109

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11C.17958**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)**

Mailing Address 1150 17TH STREET NW SUITE 701

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.18037**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 30 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL FUND (LETTER CARRIER POLITICAL

A. Mailing Address 100 INDIANA AVE., N. W.

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2016

Transaction ID : SA11C.17945

Amount of Each Receipt this Period  
 2500.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES POLITICAL ACTION COMMITTEE (NARFE-PAC)

B. Mailing Address 606 NORTH WASHINGTON STREET

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

Transaction ID : SA11C.17878

Amount of Each Receipt this Period  
 500.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

C. Mailing Address 1630 DUKE STREET 4TH FLOOR

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

Transaction ID : SA11C.18035

Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 5500.00  
**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: (check only one)	PAGE 31 OF 79
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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

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

Mailing Address 601 PENNSYLVANIA AVE NW SUITE 900

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

**Transaction ID : SA11C.17822**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 2001 EDMUND HALLEY DR. V224A

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2016

**Transaction ID : SA11C.17874**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 430 NORTH MICHIGAN AVE

City CHICAGO State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : SA11C.17880**

Amount of Each Receipt this Period  
 1500.00

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 32 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD DIST (SPAD)

A. Mailing Address 5201 AUTH WAY

City State Zip Code  
CAMP SPRINGS MD 20746

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 27 2016

Transaction ID : SA11C.17806

Amount of Each Receipt this Period  
 500.00  
 Memo Item

B. Full Name (Last, First, Middle Initial)  
SERVICE EMPLOYEES INTERNATIONAL UNION POLITICAL CAMPAIGN COMMITTEE

Mailing Address 1313 L STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 15 2016

Transaction ID : SA11C.17873

Amount of Each Receipt this Period  
 2000.00  
 Memo Item

C. Full Name (Last, First, Middle Initial)  
SERVICE EMPLOYEES INTERNATIONAL UNION POLITICAL CAMPAIGN COMMITTEE

Mailing Address 1313 L STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 05 2016

Transaction ID : SA11C.17948

Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

3500.00

**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 33 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**TELECOMMUNICATION SYSTEMS INC. POLITICAL ACTION COMMITTEE**

Mailing Address 275 WEST STREET  
SUITE 400

City State Zip Code  
ANNAPOLIS MD 21401

FEC ID number of contributing federal political committee. **C** C00478800

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : SA11C.17881**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**TELECOMMUNICATION SYSTEMS INC. POLITICAL ACTION COMMITTEE**

Mailing Address 275 WEST STREET  
SUITE 400

City State Zip Code  
ANNAPOLIS MD 21401

FEC ID number of contributing federal political committee. **C** C00478800

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : SA11C.17883**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.18040**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER: PAGE 34 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**UNITE CAMPAIGN COMMITTEE**

Mailing Address 275 Seventh Ave. 10th Floor

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.18042**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION POLITICAL EDUCATION LEAGUE**

Mailing Address 14600 DETROIT AVENUE

City State Zip Code  
CLEVELAND OH 44107

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.18043**

Amount of Each Receipt this Period  
200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION POLITICAL EDUCATION LEAGUE**

Mailing Address 14600 DETROIT AVENUE

City State Zip Code  
CLEVELAND OH 44107

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.18044**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

7700.00

78700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 79
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Lake Research Partners, Inc**

Mailing Address 1101 17th Street, NW, Ste 301

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA14.17731**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 Voided previous ck issued 10-2-15

**B.** Full Name (Last, First, Middle Initial)  
**Lake Research Partners, Inc**

Mailing Address 1101 17th Street, NW, Ste 301

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 16252.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2016

**Transaction ID : SA14.17985**

Amount of Each Receipt this Period  
 15252.50

Memo Item  
 Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

16252.50

16252.50

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

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

FOR LINE NUMBER: PAGE 36 OF 79  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Harbor Bank**

Mailing Address 25 W. Fayette Street

City Baltimore State MD Zip Code 21201

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
251.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA15.17886**

Amount of Each Receipt this Period  
90.37

Memo Item Interest

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

90.37

90.37

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. 2 AM Barkery</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 1808 Woodlawn Dr, Suite X		Amount of Each Disbursement this Period 350.00
City Baltimore	State MD	
Zip Code 21207	Purpose of Disbursement Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17710</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AAA Mid-Atlantic</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address PO Box 71344		Amount of Each Disbursement this Period 189.00
City Philadelphia	State PA	
Zip Code 19176	Purpose of Disbursement Insurance	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17972</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address P.O. Box 382110		Amount of Each Disbursement this Period 266.63
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Service Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17760</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	805.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period ..... 1.59		
City Cambridge	State MA	Zip Code 02238	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Service Fee		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17761</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period ..... 0.60		
City Cambridge	State MA	Zip Code 02238	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Service Fee		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17762</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period ..... 0.60		
City Cambridge	State MA	Zip Code 02238	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Service Fee		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17763</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	..... 2.79
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 9.88		
City Cambridge	State MA	Zip Code 02238	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Service Fee		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17808</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 1.99		
City Cambridge	State MA	Zip Code 02238	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Service Fee		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17824</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 2.58		
City Cambridge	State MA	Zip Code 02238	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Service Fee		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17955</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	14.45
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 20.35		
City Cambridge	State MA	Zip Code 02238	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.18022</b>		
Purpose of Disbursement Service Fee		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 127.12		
City Cambridge	State MA	Zip Code 02238	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.18023</b>		
Purpose of Disbursement Service Fee		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 30.23		
City Cambridge	State MA	Zip Code 02238	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.18030</b>		
Purpose of Disbursement Service Fee		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	177.70
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Francine Allen</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 4 Cascade Range Court		Amount of Each Disbursement this Period 250.00
City Owings Mills	State MD	
Zip Code 21117	Purpose of Disbursement Campaign Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.18062</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address P.O. Box 619616		Amount of Each Disbursement this Period 782.40
City Fort Worth	State TX	
Zip Code 75261-9616	Purpose of Disbursement place holder for next stmt	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17725</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 15800 Collington Rd		Amount of Each Disbursement this Period 499.98
City Bowie	State MD	
Zip Code 20715	Purpose of Disbursement Computer Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17920</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1532.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Brethren Mutual Insurance Company</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016	
Mailing Address 149 N. Edgewood Dr			Amount of Each Disbursement this Period 550.00	
City Hagerstown	State MD	Zip Code 21740	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Insurance		Candidate Name	Transaction ID : <b>SB17.17902</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Campaign Finance Consultants, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016	
Mailing Address 10 G Street, NE Suite 470			Amount of Each Disbursement this Period 3571.05	
City Washington	State DC	Zip Code 20002	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising		Candidate Name	Transaction ID : <b>SB17.17897</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>c. Campaign Finance Consultants, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016	
Mailing Address 10 G Street, NE Suite 470			Amount of Each Disbursement this Period 3503.30	
City Washington	State DC	Zip Code 20002	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising		Candidate Name	Transaction ID : <b>SB17.17896</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7624.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Campaign Finance Consultants, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 10 G Street, NE Suite 470		Amount of Each Disbursement this Period 3502.20
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Fundraising	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.18000</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Host</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address Rm B-339B Rayburn House Office		Amount of Each Disbursement this Period 328.13
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17712</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charm City Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2016
Mailing Address 600 W. North Ave		Amount of Each Disbursement this Period 155.00
City Baltimore	State MD	
Zip Code 21217	Purpose of Disbursement Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.18011</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3985.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Michael Christinanson</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016	
Mailing Address 189 Edgewater Road, RR 14			Amount of Each Disbursement this Period 600.00	
City Pasadena	State MD	Zip Code 21122	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Campaign Services		Candidate Name	Transaction ID : <b>SB17.17706</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Michael Christinanson</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016	
Mailing Address 189 Edgewater Road, RR 14			Amount of Each Disbursement this Period 375.00	
City Pasadena	State MD	Zip Code 21122	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Campaign Services		Candidate Name	Transaction ID : <b>SB17.18007</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Michael Christinanson</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016	
Mailing Address 189 Edgewater Road, RR 14			Amount of Each Disbursement this Period 425.00	
City Pasadena	State MD	Zip Code 21122	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Campaign Services		Candidate Name	Transaction ID : <b>SB17.17993</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Michael Christinanson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 189 Edgewater Road, RR 14		Amount of Each Disbursement this Period 550.00
City Pasadena	State MD	
Zip Code 21122	Purpose of Disbursement Campaign Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.18058</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 120.22
City Southeastern	State PA	
Zip Code 19398	Purpose of Disbursement Internet	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17926</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Congressional Federal Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address P.O. Box 23267		Amount of Each Disbursement this Period 700.58
City Washington	State DC	
Zip Code 20026	Purpose of Disbursement Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17723</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1370.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Congressional Federal Credit Union</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016	
Mailing Address P.O. Box 23267			Amount of Each Disbursement this Period 700.58	
City Washington	State DC	Zip Code 20026	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payment		Candidate Name	Transaction ID : <b>SB17.17913</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Congressional Federal Credit Union</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016	
Mailing Address P.O. Box 23267			Amount of Each Disbursement this Period 700.58	
City Washington	State DC	Zip Code 20026	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payment		Candidate Name	Transaction ID : <b>SB17.17995</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>c. Creative Printing Group</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016	
Mailing Address 1560 Caton Center Dr			Amount of Each Disbursement this Period 1960.45	
City Baltimore	State MD	Zip Code 21227	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Printing		Candidate Name	Transaction ID : <b>SB17.17737</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3361.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Elijah Cummings</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016		
Mailing Address 2901 Druid Park Drive Suite 203			Amount of Each Disbursement this Period 15.00		
City Baltimore	State MD	Zip Code 21215	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Parking		Category/ Type	Transaction ID : <b>SB17.17910</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rental Car</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016		
Mailing Address 2031 E Joppa Rd			Amount of Each Disbursement this Period 55.22		
City Baltimore	State MD	Zip Code 21234	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Auto Rental		Category/ Type	Transaction ID : <b>SB17.17923</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobile</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016		
Mailing Address 1800 RUSSELL ST			Amount of Each Disbursement this Period 29.42		
City Baltimore	State MD	Zip Code 21230	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fuel		Category/ Type	Transaction ID : <b>SB17.17963</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	99.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 21

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

Full Name (Last, First, Middle Initial) <b>A. Exxon Mobile</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016		
Mailing Address 1800 RUSSELL ST			Amount of Each Disbursement this Period 30.50		
City Baltimore	State MD	Zip Code 21230	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fuel		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17917</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Exxon Mobile</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016		
Mailing Address 1800 RUSSELL ST			Amount of Each Disbursement this Period 24.78		
City Baltimore	State MD	Zip Code 21230	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fuel		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17969</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Joyce Farrington</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016		
Mailing Address 5903 Bland Avenue			Amount of Each Disbursement this Period 35.58		
City Baltimore	State MD	Zip Code 21215	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Supplies		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17734</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.86
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20				

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

Full Name (Last, First, Middle Initial) <b>A. Joyce Farrington</b>			Date of Disbursement MM / DD / YYYY 02 / 15 / 2016		
Mailing Address 5903 Bland Avenue			Amount of Each Disbursement this Period 21.80		
City Baltimore	State MD	Zip Code 21215	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Supplies		Category/ Type	Transaction ID : <b>SB17.17908</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Joyce Farrington</b>			Date of Disbursement MM / DD / YYYY 02 / 15 / 2016		
Mailing Address 5903 Bland Avenue			Amount of Each Disbursement this Period 135.00		
City Baltimore	State MD	Zip Code 21215	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PO Box		Category/ Type	Transaction ID : <b>SB17.17909</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Harbor Bank</b>			Date of Disbursement MM / DD / YYYY 01 / 22 / 2016		
Mailing Address 25 W. Fayette Street			Amount of Each Disbursement this Period 53.96		
City Baltimore	State MD	Zip Code 21201	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fee		Category/ Type	Transaction ID : <b>SB17.17982</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	210.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 25 W. Fayette Street		Amount of Each Disbursement this Period 35.00
City Baltimore	State MD	
Zip Code 21201	Purpose of Disbursement Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17730</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 25 W. Fayette Street		Amount of Each Disbursement this Period 35.00
City Baltimore	State MD	
Zip Code 21201	Purpose of Disbursement Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17768</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 25 W. Fayette Street		Amount of Each Disbursement this Period 60.71
City Baltimore	State MD	
Zip Code 21201	Purpose of Disbursement Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17983</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	130.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Harbor Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 25 W. Fayette Street		Amount of Each Disbursement this Period 138.14
City Baltimore	State MD Zip Code 21201	
Purpose of Disbursement Fee	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.17984</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Hogan Lovells</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 100 International Drive		Amount of Each Disbursement this Period 473.05
City Baltimore	State MD Zip Code 21202	
Purpose of Disbursement Catering	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.17735</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Hyatt Regency Baltimore</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 300 Light Street		Amount of Each Disbursement this Period 1150.00
City Baltimore	State MD Zip Code 21202	
Purpose of Disbursement Conference	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.17728</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1761.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Hyatt Regency Baltimore</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016		
Mailing Address 300 Light Street			Amount of Each Disbursement this Period 1400.00		
City Baltimore	State MD	Zip Code 21202	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.17930</b>		
Purpose of Disbursement Conference		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Lake Research Partners, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016		
Mailing Address 1101 17th Street, NW, Ste 301			Amount of Each Disbursement this Period 27066.92		
City Washington	State DC	Zip Code 20036	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.17716</b>		
Purpose of Disbursement Polling		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Lake Research Partners, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016		
Mailing Address 1101 17th Street, NW, Ste 301			Amount of Each Disbursement this Period 16252.50		
City Washington	State DC	Zip Code 20036	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.17732</b>		
Purpose of Disbursement Polling		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44719.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Lester &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 4520 Thoroughbred Dr		Amount of Each Disbursement this Period 12500.00
City Upper Marlboro	State MD Zip Code 20772	
Purpose of Disbursement Survey	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.18070</b>

Full Name (Last, First, Middle Initial) <b>B. Main Street Communication</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address 221 Third Street		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Media Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.17705</b>

Full Name (Last, First, Middle Initial) <b>c. Marriott Charleston</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 170 Lockwood Blvd, Charleston		Amount of Each Disbursement this Period 421.23
City Charleston	State SC Zip Code 29403	
Purpose of Disbursement Conference	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.17931</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15421.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Inc Martins</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016	
Mailing Address 6821 Dogwood Rd			Amount of Each Disbursement this Period 1308.40	
City Baltimore	State MD	Zip Code 21244	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Fundraising mailings		Candidate Name	Transaction ID : <b>SB17.17740</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Mayor &amp; City Council of Baltimore</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016	
Mailing Address 2223 Wheatley Drive			Amount of Each Disbursement this Period 832.99	
City Baltimore	State MD	Zip Code 21207	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Rent		Candidate Name	Transaction ID : <b>SB17.17726</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Mayor &amp; City Council of Baltimore</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016	
Mailing Address 2223 Wheatley Drive			Amount of Each Disbursement this Period 832.99	
City Baltimore	State MD	Zip Code 21207	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Rent		Candidate Name	Transaction ID : <b>SB17.17915</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2974.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Mayor &amp; City Council of Baltimore</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016	
Mailing Address 2223 Wheatley Drive			Amount of Each Disbursement this Period 832.99	
City Baltimore	State MD	Zip Code 21207	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Rent		Category/ Type	Transaction ID : <b>SB17.18002</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Mckennon, Shelton &amp; Henn LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016	
Mailing Address 401 E. Pratt Street, Suite 2315			Amount of Each Disbursement this Period 3758.22	
City Baltimore	State MD	Zip Code 21202	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Campaign Review Services		Category/ Type	Transaction ID : <b>SB17.17996</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Meals 4</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016	
Mailing Address			Amount of Each Disbursement this Period 38.08	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Meals		Category/ Type	Transaction ID : <b>SB17.17977</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4629.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Monaco Baltimore</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 2 N. Charles Street		Amount of Each Disbursement this Period 1994.26 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.17980</b>
City Baltimore	State MD Zip Code 21201	
Purpose of Disbursement Fundraiser	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 71.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.17966</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Meal	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Neo Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 2901 Druid Park Dr Suite C-101		Amount of Each Disbursement this Period 584.95 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.17925</b>
City Baltimore	State MD Zip Code 21215	
Purpose of Disbursement Supplies	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2650.21
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Neo Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 2901 Druid Park Dr Suite C-101		Amount of Each Disbursement this Period 125.00
City Baltimore	State MD	
Zip Code 21215	Purpose of Disbursement Supplies	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.18064</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 96.95
City Owings Mills	State MD	
Zip Code 21117	Purpose of Disbursement Payroll Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.17767</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 734.21
City Owings Mills	State MD	
Zip Code 21117	Purpose of Disbursement Salaries	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.17765</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	956.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 342.29
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.17764</b>

Full Name (Last, First, Middle Initial) <b>B. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 734.21
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Salaries	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.17766</b>

Full Name (Last, First, Middle Initial) <b>C. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 342.49
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.17891</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1418.99
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PayChex Payroll</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 331.44
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.17890</b>

Full Name (Last, First, Middle Initial) <b>B. PayChex Payroll</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 734.01
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Salaries	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.17888</b>

Full Name (Last, First, Middle Initial) <b>C. PayChex Payroll</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 342.49
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.17892</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1407.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 734.01
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Salaries	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.17889</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 342.49
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.18065</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 159.46
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.18067</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1235.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 734.01
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Salaries	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.18068</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 342.49
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.18066</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 734.01
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Salaries	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.18069</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1810.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PayChex Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 342.49
City Owings Mills	State MD	
Zip Code 21117	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.18167</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 900 E. Fayette Street		Amount of Each Disbursement this Period 450.00
City Baltimore	State MD	
Zip Code 21284	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17739</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Royal Farms</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address 1530 Russell Street		Amount of Each Disbursement this Period 100.10
City Baltimore	State MD	
Zip Code 21202	Purpose of Disbursement Fuel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17964</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	892.59
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Royal Farms</b>			Date of Disbursement MM / DD / YYYY 02 / 23 / 2016	
Mailing Address 1530 Russell Street			Amount of Each Disbursement this Period 105.32	
City Baltimore	State MD	Zip Code 21202	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fuel		Candidate Name	Transaction ID : <b>SB17.17918</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Royal Farms</b>			Date of Disbursement MM / DD / YYYY 03 / 17 / 2016	
Mailing Address 1530 Russell Street			Amount of Each Disbursement this Period 147.76	
City Baltimore	State MD	Zip Code 21202	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fuel		Candidate Name	Transaction ID : <b>SB17.17970</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Russell Street BP</b>			Date of Disbursement MM / DD / YYYY 02 / 23 / 2016	
Mailing Address 2000 Haines Street			Amount of Each Disbursement this Period 60.65	
City Baltimore	State MD	Zip Code 21230	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fuel		Candidate Name	Transaction ID : <b>SB17.17919</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	313.73
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Russell Street BP</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016		
Mailing Address 2000 Haines Street			Amount of Each Disbursement this Period 31.74		
City Baltimore	State MD	Zip Code 21230	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fuel		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17971</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Vernon Simms</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016		
Mailing Address 2402 Lawnwood Circle			Amount of Each Disbursement this Period 600.00		
City Baltimore	State MD	Zip Code 21207	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Campaign Services		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17704</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Vernon Simms</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016		
Mailing Address 2402 Lawnwood Circle			Amount of Each Disbursement this Period 375.00		
City Baltimore	State MD	Zip Code 21207	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Campaign Services		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.18008</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1006.74
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Vernon Simms</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 2402 Lawnwood Circle		Amount of Each Disbursement this Period 300.00
City Baltimore	State MD Zip Code 21207	
Purpose of Disbursement Campaign Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.17992</b>

Full Name (Last, First, Middle Initial) <b>B. Vernon Simms</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 2402 Lawnwood Circle		Amount of Each Disbursement this Period 400.00
City Baltimore	State MD Zip Code 21207	
Purpose of Disbursement Campaign Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.18060</b>

Full Name (Last, First, Middle Initial) <b>c. Harry Spikes</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 12 Jonquil Ave		Amount of Each Disbursement this Period 150.00
City Landover	State MD Zip Code 20785	
Purpose of Disbursement Campaign Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.18063</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Stanton &amp; Greene</b>			Date of Disbursement MM / DD / YYYY 02 / 23 / 2016		
Mailing Address 319 Pennsylvania Ave, SE			Amount of Each Disbursement this Period 1510.40		
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraiser		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17933</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Staples Office Supplies</b>			Date of Disbursement MM / DD / YYYY 01 / 08 / 2016		
Mailing Address 1504 Reisterstown Rd			Amount of Each Disbursement this Period 42.38		
City Pikesville	State MD	Zip Code 21208	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Supplies		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17707</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Staples Office Supplies</b>			Date of Disbursement MM / DD / YYYY 01 / 12 / 2016		
Mailing Address 1504 Reisterstown Rd			Amount of Each Disbursement this Period 20.66		
City Pikesville	State MD	Zip Code 21208	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Supplies		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17715</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1573.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Staples Office Supplies</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2016
Mailing Address 1504 Reisterstown Rd		Amount of Each Disbursement this Period 33.17
City Pikesville	State MD	
Zip Code 21208	Purpose of Disbursement Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17893</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples Office Supplies</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2016
Mailing Address 1504 Reisterstown Rd		Amount of Each Disbursement this Period 240.00
City Pikesville	State MD	
Zip Code 21208	Purpose of Disbursement Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17924</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amy Stratton</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2016
Mailing Address 7620 Woodpark Lane, #204		Amount of Each Disbursement this Period 1500.00
City Columbia	State MD	
Zip Code 21046	Purpose of Disbursement Campaign Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17702</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1773.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Amy Stratton</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 7620 Woodpark Lane, #204		Amount of Each Disbursement this Period 1500.00
City Columbia	State MD	
Zip Code 21046	Purpose of Disbursement Campaign Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.18061</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ronald Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2016
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 1050.00
City Baltimore	State MD	
Zip Code 21203	Purpose of Disbursement Tax Prep	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.17708</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ronald Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 1050.00
City Baltimore	State MD	
Zip Code 21203	Purpose of Disbursement Treasury Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.17727</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ronald Thompson</b>			Date of Disbursement MM / DD / YYYY 02 / 13 / 2016		
Mailing Address P. O. Box 1631			Amount of Each Disbursement this Period 56.67		
City Baltimore	State MD	Zip Code 21203	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.17894</b>		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Ronald Thompson</b>			Date of Disbursement MM / DD / YYYY 02 / 15 / 2016		
Mailing Address P. O. Box 1631			Amount of Each Disbursement this Period 1050.00		
City Baltimore	State MD	Zip Code 21203	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.17907</b>		
Purpose of Disbursement Treasury Services		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Ronald Thompson</b>			Date of Disbursement MM / DD / YYYY 02 / 23 / 2016		
Mailing Address P. O. Box 1631			Amount of Each Disbursement this Period 1050.00		
City Baltimore	State MD	Zip Code 21203	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.17916</b>		
Purpose of Disbursement Treasury Services		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2156.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Ronald Thompson</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016		
Mailing Address P. O. Box 1631			Amount of Each Disbursement this Period 1050.00		
City Baltimore	State MD	Zip Code 21203	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Treasury Services		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.18012</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Union Street Media</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016		
Mailing Address 2711 Farnsworth Dr			Amount of Each Disbursement this Period 2000.00		
City Alexamdria	State VA	Zip Code 22303	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Website		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.18004</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016		
Mailing Address P O Box 17577			Amount of Each Disbursement this Period 347.91		
City Baltimore	State MD	Zip Code 21297	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Utilities		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17719</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3397.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016		
Mailing Address P O Box 17577			Amount of Each Disbursement this Period 484.36		
City Baltimore	State MD	Zip Code 21297	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Utilities		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17720</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016		
Mailing Address P O Box 17577			Amount of Each Disbursement this Period 146.36		
City Baltimore	State MD	Zip Code 21297	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Utilities		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17721</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016		
Mailing Address P O Box 17577			Amount of Each Disbursement this Period 487.23		
City Baltimore	State MD	Zip Code 21297	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Utilities		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17899</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1117.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address P O Box 17577		Amount of Each Disbursement this Period 353.81
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Utilities	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17901</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2016
Mailing Address P O Box 17577		Amount of Each Disbursement this Period 351.63
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Utilities	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.17994</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2016
Mailing Address P O Box 17577		Amount of Each Disbursement this Period 484.36
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Utilities	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.18001</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1189.80
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Village Square Cafe</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016		
Mailing Address 66 Villiage Square			Amount of Each Disbursement this Period 7.10		
City Baltimore	State MD	Zip Code 21210	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Meals		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.17965</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7.10
<b>TOTAL</b> This Period (last page this line number only).....	117671.39

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 79
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Brooke Lierman For Delegate</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address PO Box 891		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.17713</b>
City Baltimore	State MD	
Zip Code 21203	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Citizens For Shannon Sneed</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3014 E. Fayette Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.17733</b>
City Baltimore	State MD	
Zip Code 21224	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Raymond Johnson, Jr</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 209 20th Street, N #123		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.18046</b>
City Birmingham	State AL	
Zip Code 35203	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 79
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 430 S. Capitol Street		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Dues	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB21.17718</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 430 S. Capitol Street		Amount of Each Disbursement this Period 50000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Dues	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB21.18005</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 430 S. Capitol Street		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Dues	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB21.18006</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 79
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. FATTAH FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address P.O. BOX 30743		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.17911</b>
City PHILADELPHIA	State PA	
Zip Code 19104	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 02	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CHERI BUSTOS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address P.O. BOX 77		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.18057</b>
City EAST MOLINE	State IL	
Zip Code 61244	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Friends of Leon Pinkett</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 2220 Eutaw Place		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.18053</b>
City Baltimore	State MD	
Zip Code 21227	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 79
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Reginald Fuggett</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address P. O. Box 11568		Amount of Each Disbursement this Period 1000.00
City Baltimore	State MD	
Zip Code 21229	Purpose of Disbursement Donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB21.18048</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Rodney</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016
Mailing Address 817 Radnor Ave		Amount of Each Disbursement this Period 250.00
City Baltimore	State MD	
Zip Code 21212	Purpose of Disbursement Donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB21.17904</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOWARD COUNTY DEMOCRATIC CENTRAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 6289 LOVEKNOT PLACE		Amount of Each Disbursement this Period 2500.00
City COLUMBIA	State MD	
Zip Code 21045	Purpose of Disbursement Donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB21.17717</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 79	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. HOWARD COUNTY DEMOCRATIC CENTRAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 6289 LOVEKNOT PLACE		Amount of Each Disbursement this Period 2500.00
City COLUMBIA	State MD	
Zip Code 21045	Purpose of Disbursement Donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB21.17999</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KAMALA HARRIS FOR SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 777 S FIGUEROA ST STE 4050		Amount of Each Disbursement this Period 2000.00
City LOS ANGELES	State CA	
Zip Code 90017	Purpose of Disbursement Donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB21.18055</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 00		

Full Name (Last, First, Middle Initial) <b>C. MIKE HONDA FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC 123 E. SAN CARLOS ST., #531		Amount of Each Disbursement this Period 1000.00
City SAN JOSE	State CA	
Zip Code 95112	Purpose of Disbursement Donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB21.18052</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 79
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. O'MALLEY FOR PRESIDENT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 1501 ST PAUL STREET SUITE 114		Amount of Each Disbursement this Period 3000.00
City BALTIMORE	State MD	
Zip Code 21202	Purpose of Disbursement Donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB21.18050</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. Will Jawando For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2016
Mailing Address P.O. Box 10598		Amount of Each Disbursement this Period 600.00
City Silver Spring	State MD	
Zip Code 20914	Purpose of Disbursement Donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB21.17903</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	99450.00