

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
Andy Harris for Congress

ADDRESS (number and street) PO Box 604
Check if different than previously reported. (ACC) Bel Air MD 21014

2. FEC IDENTIFICATION NUMBER C C00435974
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT MD 01

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 06 / 24 / 2014 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 04 / 01 / 2014 through 06 / 04 / 2014

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 James Depew

Signature of Treasurer James Depew [Electronically Filed] Date 06 / 12 / 2014

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 table with 8 columns and 1 row.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Andy Harris for Congress

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))....	117833.00	911087.04
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	117833.00	910087.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	34988.39	383086.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4236.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	34988.39	378850.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	692729.53	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

Andy Harris for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 04 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	74200.00	490457.78
(ii) Unitemized.....	9865.00	93554.08
(iii) TOTAL of contributions from individuals ▶	84065.00	584011.86
(b) Political Party Committees.....	0.00	999.00
(c) Other Political Committees (such as PACs).....	33768.00	326076.18
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	117833.00	911087.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	4236.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	174.30	983.67
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	118007.30	916306.71

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34988.39	383086.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS	32500.00	64000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	67488.39	448086.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	642210.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	118007.30
25. SUBTOTAL (add Line 23 and Line 24).....	760217.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67488.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	692729.53

**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 96
	<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)
Andy Harris for Congress

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

Mailing Address 32131 Spearin Rd.

City Salisbury State MD Zip Code 21804

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

Name of Employer Eaton Corp Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37109

Amount of Each Receipt this Period
 Receipt 500.00

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

Mailing Address 15200 Memorial Dr Unit 3206

City Houston State TX Zip Code 77079-2658

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

Name of Employer USAP Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37172

Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
Carl Barbera

Mailing Address 138 Wilmont Ct

City Hopewell Junction State NY Zip Code 12533-6371

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

Name of Employer Ortho. Assoc. of Dutchess Co. Occupation Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40505.C36965

Amount of Each Receipt this Period
 Receipt 500.00

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)	PAGE 6 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Fermin Barrueto

Mailing Address 1229 Scott St

City Baltimore State MD Zip Code 21230-2609

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37054

Amount of Each Receipt this Period
 Receipt 300.00

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

Mailing Address 7025 Longwood Dr

City Bethesda State MD Zip Code 20817-2117

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

Name of Employer Information Requested Occupation Information Requested
 MD Oncology Hematology Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40505.C36966

Amount of Each Receipt this Period
 Receipt 250.00

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

Mailing Address 165 Alta St

City Salt Lake City State UT Zip Code 84103-4412

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

Name of Employer Information Requested Occupation Information Requested
 Mountain West Anesthesia, Llc Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40505.C36952

Amount of Each Receipt this Period
 Receipt 200.00

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: (check only one)	PAGE 7 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Lisa Bleckner

Mailing Address 7301 Maple Ave

City State Zip Code
Chevy Chase MD 20815-5107

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

Name of Employer Occupation
Walter Reed National Military Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : 40428.C36942

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Steve Boozalis

Mailing Address 3751 Farber St

City State Zip Code
Houston TX 77005-3713

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

Name of Employer Occupation
USAP Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2014

Transaction ID : 40407.C36884

Amount of Each Receipt this Period
2600.00

Receipt

C. Full Name (Last, First, Middle Initial)
Arthur Boudreaux

Mailing Address 4493 Preserve Dr

City State Zip Code
Hoover AL 35226-4141

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

Name of Employer Occupation
UABHSF Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37095

Amount of Each Receipt this Period
250.00

Receipt

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

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

3100.00

**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 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Mark Brady

Mailing Address 9403 W 146th PI

City Overland Park State KS Zip Code 66221-2260

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

Name of Employer Midwest Anesthesia Assoc. Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37016

Amount of Each Receipt this Period
125.00

Receipt

B. Full Name (Last, First, Middle Initial)
Rose Brous

Mailing Address 1506 Teal Dr

City Ocean City State MD Zip Code 21842-5555

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

Name of Employer Self Employed Occupation Hotel Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **307.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40513.C37124

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
David Bryant

Mailing Address 6110 County Road 168

City McKinney State TX Zip Code 75071-7098

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

Name of Employer Pinnacle Anesthesiology Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : 40513.C37039

Amount of Each Receipt this Period
1000.00

Receipt

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

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

1375.00

**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 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Edward Burke

Mailing Address 4771 Sweetwater Blvd

City State Zip Code
Sugar Land TX 77479-3121

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

Name of Employer Occupation
GHA Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37162

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Cynthia Calder

Mailing Address 6210 Taggart St Unit R

City State Zip Code
Houston TX 77007-2198

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

Name of Employer Occupation
Greater Houston Anesthesiology Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37147

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Preston Calvert

Mailing Address 10112 New London Dr

City State Zip Code
Potomac MD 20854-4849

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : 40415.C36919

Amount of Each Receipt this Period
1100.00

Receipt

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

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

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 96
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Preston Calvert

Mailing Address 10112 New London Dr

City Potomac	State MD	Zip Code 20854-4849
-----------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4100.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : 40415.C36920

Amount of Each Receipt this Period
 _____ 1500.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Campbell

Mailing Address 4618 Sheppard Manor Dr

City Ellicott City	State MD	Zip Code 21042-1454
-----------------------	-------------	------------------------

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

Name of Employer Mercy Medical Center	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : 40428.C36926

Amount of Each Receipt this Period
 _____ 500.00

Receipt

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

Mailing Address PO Box 751

City Ocean City	State MD	Zip Code 21843-0751
--------------------	-------------	------------------------

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

Name of Employer BJs on the Water	Occupation Owner
--------------------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37116

Amount of Each Receipt this Period
 _____ 200.00

Receipt

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

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

_____ 2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 96
	<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)
Andy Harris for Congress

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

Mailing Address **PO Box B**

City **Fruitland** State **MD** Zip Code **21826-0030**

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : 40513.C36995

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mary Carozza

Mailing Address **2205 N Philadelphia Ave.
Unit 203D**

City **Ocean City** State **MD** Zip Code **21842**

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37127

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Andrei Cernea

Mailing Address **6708 Kenhill Rd**

City **Bethesda** State **MD** Zip Code **20817-6016**

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

Name of Employer Information Requested
Self Employed
Occupation Information Requested
Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 18 / 2014

Transaction ID : 40519.C37144

Amount of Each Receipt this Period
250.00

Receipt

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

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

1350.00

**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 96
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Charles Chase

Mailing Address 2065 Venetian Way

City Winter Park State FL Zip Code 32789-1216

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

Name of Employer Sheridan Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37105

Amount of Each Receipt this Period
 Receipt 125.00

Receipt 1125.00

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

Mailing Address 230 N Main St

City Zionsville State IN Zip Code 46077-1433

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37107

Amount of Each Receipt this Period
 Receipt 250.00

Receipt 250.00

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

Mailing Address 94 Annin Rd

City Far Hills State NJ Zip Code 07931-2501

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

Name of Employer Self Employed Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37020

Amount of Each Receipt this Period
 Receipt 250.00

Receipt 500.00

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

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

625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 96
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Christopher Costa		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 1206 Clearfield Cir		Transaction ID : 40428.C36924	
City Luthyle Timon	State MD	Zip Code 21093-4706	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 1000.00	
Name of Employer Sunbelt Beverage, Llc	Occupation Salesperson		
Receipt For: 2014 <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. John Crecca		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 3731 Reynolds St		Transaction ID : 40513.C37012	
City Laramie	State WY	Zip Code 82072-5069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 500.00	
Name of Employer Anesthesia Ass. of Laramie, LL	Occupation Anesthesiologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Reese F. Cropper, Jr.		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 9620 Oceanview Ln		Transaction ID : 40513.C37073	
City Ocean City	State MD	Zip Code 21842-9274	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 100.00	
Name of Employer N/a	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 96
	<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)
Andy Harris for Congress

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

Mailing Address 29323 Deal Island Rd

City State Zip Code
Princess Anne MD 21853-2708

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

Name of Employer Occupation
Tpf Investments, Inc. Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : 40513.C36988

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kraig De Lanzac

Mailing Address 12 Tara Pl

City State Zip Code
Metairie LA 70002-1559

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
775.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : 40505.C36981

Amount of Each Receipt this Period
125.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ronald Delanois

Mailing Address 2401 W Belvedere Ave.

City State Zip Code
Baltimore MD 21215

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

Name of Employer Occupation
Sinai Orthopedist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : 40428.C36934

Amount of Each Receipt this Period
1000.00

Receipt

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

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

1625.00

**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 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Laura Dew

Mailing Address 3009 Cason St

City Houston State TX Zip Code 77005-3812

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

Name of Employer Greater Houston Anesthesiology Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37173

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Sukhjinder Dhothar

Mailing Address 4034 Turnberry Cir

City Houston State TX Zip Code 77025-1714

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

Name of Employer Self Employed Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37171

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Christian Diez

Mailing Address 7915 SW 55th Ave

City Miami State FL Zip Code 33143-5713

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

Name of Employer University Of Miami Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37091

Amount of Each Receipt this Period
125.00

Receipt

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

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

1625.00

**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 96
	<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)
Andy Harris for Congress

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

Mailing Address 2399 Pine Hollow Dr

City East Lansing State MI Zip Code 48823-9775

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

Name of Employer Capital Area Anesthesia PC Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37045

Amount of Each Receipt this Period
 Receipt 250.00

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

Mailing Address 7358 Sawgrass Point Dr N

City Pinellas Park State FL Zip Code 33782-4204

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

Name of Employer AAPC, Inc. Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37087

Amount of Each Receipt this Period
 Receipt 250.00

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

Mailing Address 8611 Saddle Creek Dr

City Berlin State MD Zip Code 21811-3542

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

Name of Employer T/a Rodeway Inn Ocean City Occupation Co-owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C36996

Amount of Each Receipt this Period
 Receipt 500.00

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 17 OF 96
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

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

Mailing Address **PO Box 1244**

City **Berlin** State **MD** Zip Code **21811**

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

Name of Employer **Ayers Jenkins Goud** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37128

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Nauder Faraday

Mailing Address **7904 Ellenham Ave**

City **Towson** State **MD** Zip Code **21204-3522**

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

Name of Employer **Johns Hopkins Gbmc** Occupation **Anesthesiologist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : 40505.C36975

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ira Fedder

Mailing Address **7 Green Heather Ct**

City **Baltimore** State **MD** Zip Code **21208-1516**

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

Name of Employer **St. Joseph Medical Center** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : 40428.C36933

Amount of Each Receipt this Period
500.00

Receipt

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: PAGE 18 OF 96
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Marley Ferris

Mailing Address 1714 Albans Rd

City State Zip Code
Houston TX 77005-1704

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

Name of Employer Occupation
Greater Houston Anesthesiology Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37179

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
James Ficke

Mailing Address 10715 Pot Spring Rd

City State Zip Code
Cockeysville MD 21030-3019

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

Name of Employer Occupation
Johns Hopkins Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : 40428.C36939

Amount of Each Receipt this Period
 Receipt 500.00

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

Mailing Address 1724 Riverside Dr

City State Zip Code
Salisbury MD 21801-7006

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

Name of Employer Occupation
Bay Area Receivables President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C36987

Amount of Each Receipt this Period
 Receipt 250.00

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 19 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Jane Fitch

Mailing Address 7351 Bayliner Launch

City Edmond State OK Zip Code 73013-8727

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

Name of Employer Oklahoma University Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37048

Amount of Each Receipt this Period
 Receipt 1000.00

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

Mailing Address 4913 Elm St

City Bellaire State TX Zip Code 77401-2810

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

Name of Employer Greater Houston Anesthesiology Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37166

Amount of Each Receipt this Period
 Receipt 250.00

C. Full Name (Last, First, Middle Initial)
Gary Flores

Mailing Address 4913 Elm St

City Bellaire State TX Zip Code 77401-2810

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

Name of Employer Greater Houston Anesthesiology Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37165

Amount of Each Receipt this Period
 Receipt 2350.00

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

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

3600.00

**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 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
John Foley

Mailing Address 8151 Easton Village Dr

City Easton State MD Zip Code 21601-7460

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

Name of Employer Shore Clinical Foundation Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : 40527.C37193

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Frank Frassica

Mailing Address 422 Ginn Ln

City Riviera Beach State MD Zip Code 21122-5344

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

Name of Employer Johns Hopkins University Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : 40421.C36922

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Patrick Giam

Mailing Address 6537 Brompton Rd

City Houston State TX Zip Code 77005-3903

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

Name of Employer Greater Houston Anesthesiology Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37182

Amount of Each Receipt this Period
500.00

Receipt

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)	PAGE 21 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Beverly Glass

Mailing Address 1410 S Salisbury Blvd

City Salisbury	State MD	Zip Code 21801-7131
-------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Periodontist
-----------------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40505.C36961

Amount of Each Receipt this Period
 Receipt 100.00

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

Mailing Address 942 Wood Hollow Ln

City Ridgewood	State NJ	Zip Code 07450-2230
-------------------	-------------	------------------------

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

Name of Employer TeamHealth	Occupation Physician
--------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37094

Amount of Each Receipt this Period
 Receipt 125.00

C. Full Name (Last, First, Middle Initial)
Jacqueline Gordon

Mailing Address PO Box 185

City Pocomoke City	State MD	Zip Code 21851
-----------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37070

Amount of Each Receipt this Period
 Receipt 250.00

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

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

475.00

**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 22 OF 96

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
James Grant

Mailing Address 1574 Sodon Drive

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer Boaa Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37090

Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
David Green

Mailing Address 7 Pecan Gorge Ct

City Sugar Land State TX Zip Code 77479-5935

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

Name of Employer Greater Houston Anesthesiology Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37176

Amount of Each Receipt this Period
 Receipt 300.00

C. Full Name (Last, First, Middle Initial)
Alfred Groen

Mailing Address 6328 Rutgers Ave

City Houston State TX Zip Code 77005-3318

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

Name of Employer Greater Houston Anesthesiology Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37181

Amount of Each Receipt this Period
 Receipt 250.00

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

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

800.00

**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 23 OF 96
	<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)
Andy Harris for Congress

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

Mailing Address 10552 Sussex Rd

City State Zip Code
Ocean City MD 21842-9148

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

Name of Employer Occupation
Self Employed Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
725.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37061

Amount of Each Receipt this Period
 Receipt **100.00**

B. Full Name (Last, First, Middle Initial)
Kim Hammond

Mailing Address 6314 Falls Rd

City State Zip Code
Baltimore MD 21209

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

Name of Employer Occupation
Falls Road Animal Hospital Veterinarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : 40409.C36911

Amount of Each Receipt this Period
 Receipt **600.00**

C. Full Name (Last, First, Middle Initial)
Kim Hammond

Mailing Address 6314 Falls Rd

City State Zip Code
Baltimore MD 21209

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

Name of Employer Occupation
Falls Road Animal Hospital Veterinarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : 40409.C36912

Amount of Each Receipt this Period
 Receipt **1400.00**

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

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

2100.00

**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 24 OF 96

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Bruce Hammonds
 Mailing Address 606 Ocean Rd
 City State Zip Code
 Vero Beach FL 32963-3516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Retired
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014
Transaction ID : 40527.C37197
 Amount of Each Receipt this Period
 Receipt 2600.00

B. Full Name (Last, First, Middle Initial)
Frank Hanna
 Mailing Address PO Box 2638
 City State Zip Code
 Salisbury MD 21802-2638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hanna Systems Executive
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014
Transaction ID : 40513.C37007
 Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
Ralph Harding
 Mailing Address 203 Village Dr
 City State Zip Code
 Dublin GA 31021-2867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VA Anesthesiologist
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014
Transaction ID : 40505.C36976
 Amount of Each Receipt this Period
 Receipt 125.00

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

3225.00

**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 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Alberta Harrison

Mailing Address 1522 Teal Dr

City State Zip Code
Ocean City MD 21842-5555

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

Name of Employer Occupation
Harrison Group Hotel Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : 40602.C37200

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Bart Harrison

Mailing Address 825 Bynum View Ct

City State Zip Code
Abingdon MD 21009-3024

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

Name of Employer Occupation
Barco Enterprises Inc. Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1270.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : 40505.C36982

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Hale Harrison

Mailing Address 1522 Teal Dr

City State Zip Code
Ocean City MD 21842-5555

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

Name of Employer Occupation
Harrison Group Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : 40513.C36994

Amount of Each Receipt this Period
200.00

Receipt

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: (check only one)	PAGE 26 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Karen Harrison

Mailing Address 5939 S Point Rd

City Berlin State MD Zip Code 21811-2628

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

Name of Employer Self Employed Occupation Hotelier

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C36992

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ron Harter

Mailing Address 7825 Holiston Ct

City Dublin State OH Zip Code 43016-8659

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

Name of Employer The Ohio State University Medi Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37102

Amount of Each Receipt this Period
125.00

Receipt

C. Full Name (Last, First, Middle Initial)
Benjamin Harvey

Mailing Address 70 Manor Lake Estates Cir

City Spring State TX Zip Code 77379-3774

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37153

Amount of Each Receipt this Period
1000.00

Receipt

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

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

1625.00

**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 96
	<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)
Andy Harris for Congress

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

Mailing Address 738 Chapel Ridge Rd

City Timonium State MD Zip Code 21093-1897

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

Name of Employer Hhs Chtd. Occupation Neurosurgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37001

Amount of Each Receipt this Period
 Receipt 500.00

B. Full Name (Last, First, Middle Initial)
Hector Herrera

Mailing Address 2233 Chilton Rd

City Houston State TX Zip Code 77019-1401

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

Name of Employer Greater Houston Anesthesiology Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37148

Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
Phil Houck

Mailing Address 12507 Sunset Ave. #8

City Ocean City State MD Zip Code 21842

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37114

Amount of Each Receipt this Period
 Receipt 500.00

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)	PAGE 28 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Ashwin Ingle

Mailing Address 1901 Post Oak Blvd Apt 607

City Houston State TX Zip Code 77056-3929

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

Name of Employer Greater Houston Anesthesiology Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37174

Amount of Each Receipt this Period
 Receipt 300.00

B. Full Name (Last, First, Middle Initial)
Stuart Jackson

Mailing Address 11927 Cobblestone Dr

City Houston State TX Zip Code 77024

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

Name of Employer GHA Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37160

Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
Jonathan Jaffe

Mailing Address 311 Hilly Creek Ct

City Lewisville State NC Zip Code 27023-9806

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

Name of Employer Wake Forest Baptist Hospital Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : 40505.C36983

Amount of Each Receipt this Period
 Receipt 250.00

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

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

1050.00

**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 29 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Laura Jenkins

Mailing Address **PO Box 572**

City **Ocean City** State **MD** Zip Code **21843-0572**

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

Name of Employer **Bay Shore Development** Occupation **Administration**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : 40513.C36997

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address **3938 Blackstone Ct**

City **Hayward** State **CA** Zip Code **94542-1360**

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

Name of Employer **Self Employed** Occupation **Anesthesiologist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 40606.C37207

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kevin Jones

Mailing Address **850 Sprucewood Ln**

City **Houston** State **TX** Zip Code **77024-4506**

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

Name of Employer **Greater Houston Anesthesiology** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 40428.C36949

Amount of Each Receipt this Period
500.00

Receipt

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 30 OF 96
	<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)
Andy Harris for Congress

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

Mailing Address 4462 Lincklaen Rd

City Cazenovia State NY Zip Code 13035-9752

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37015

Amount of Each Receipt this Period
 Receipt 250.00

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

Mailing Address 15942 Cypress Park Dr

City Wellington State FL Zip Code 33414-6347

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : 40527.C37186

Amount of Each Receipt this Period
 Receipt 25.00

C. Full Name (Last, First, Middle Initial)
Scott Kercheville

Mailing Address 14 Eton Green Cir

City San Antonio State TX Zip Code 78257-1633

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

Name of Employer Uthscsz, Dept Of Anes. Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37083

Amount of Each Receipt this Period
 Receipt 100.00

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

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

375.00

**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 31 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
James Kerr

Mailing Address 3214 Riverside Ave

City Jacksonville State FL Zip Code 32205-8628

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

Name of Employer North Florida Anesthesia Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37046

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Tony Kim

Mailing Address 1748 Banks St

City Houston State TX Zip Code 77098-5402

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40513.C37168

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Edward Klopp

Mailing Address 27496 Coulbourn Creek Rd

City Marion Station State MD Zip Code 21838-2800

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C36989

Amount of Each Receipt this Period
250.00

Receipt

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: (check only one)	PAGE 32 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Bracken Kolle

Mailing Address 27 Howell Ln

City State Zip Code
Sugar Land TX 77479-2448

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

Name of Employer Occupation
Greater Houston Anesthesiology Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37177

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Joseph Koveleskie

Mailing Address 5500 Prytania St Apt 435

City State Zip Code
New Orleans LA 70115-4237

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

Name of Employer Occupation
Ochsner Medical Center Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : 40505.C36978

Amount of Each Receipt this Period
750.00

Receipt

C. Full Name (Last, First, Middle Initial)
Norm Krueger

Mailing Address 1204 Ruffian Lane

City State Zip Code
Ocean Pines MD 21811

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37068

Amount of Each Receipt this Period
200.00

Receipt

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

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

1950.00

**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 33 OF 96
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) Norm Krueger		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2014
Mailing Address 1204 Ruffian Lane		Transaction ID : 40519.C37130
City Ocean Pines	State MD	Zip Code 21811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) Suresh Kumar		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2014
Mailing Address 5210 Pine Forest Rd		Transaction ID : 40519.C37161
City Houston	State TX	Zip Code 77056-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greater Houston Anesthesiology	Occupation Physician	Receipt
Receipt For: 2014 <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) Alyce Kyger		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2014
Mailing Address 11935 Hammer Rd.		Transaction ID : 40519.C37158
City Bishopville	State MD	Zip Code 21813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	900.00
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 34 OF 96
	<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)
Andy Harris for Congress

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

Mailing Address 151 Gleneagles Cir

City Macon State GA Zip Code 31210-2919

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

Name of Employer Nexus Medical Group, Llc Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37097

Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
Michael Lasecki

Mailing Address 3398 Riviere Du Chien Loop N

City Mobile State AL Zip Code 36693-5413

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

Name of Employer Anesthesia Services P.c. Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37099

Amount of Each Receipt this Period
 Receipt 125.00

C. Full Name (Last, First, Middle Initial)
Jung Lee

Mailing Address 2403 Long Ridge Rd.

City Reisterstown State MD Zip Code 21136

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37057

Amount of Each Receipt this Period
 Receipt 250.00

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

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

625.00

**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 96
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Ranga Madabhushi		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 3 Flamingo Estates Dr		Transaction ID : 40519.C37175
City Missouri City	State TX	Zip Code 77459-4491
FEC ID number of contributing federal political committee.	C	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	300.00	
		Amount of Each Receipt this Period 300.00 Receipt

Full Name (Last, First, Middle Initial) B. Donald Martin		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 19 Gentry Dr		Transaction ID : 40505.C36984
City Palmyra	State PA	Zip Code 17078-3840
FEC ID number of contributing federal political committee.	C	
Name of Employer Penn State University	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	2500.00	
		Amount of Each Receipt this Period 500.00 Receipt

Full Name (Last, First, Middle Initial) C. Linda Mason		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1665 Halsey St		Transaction ID : 40513.C37014
City Redlands	State CA	Zip Code 92373-7262
FEC ID number of contributing federal political committee.	C	
Name of Employer LLUFMCI	Occupation Anesthesiologist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	750.00	
		Amount of Each Receipt this Period 250.00 Receipt

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 36 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Anil Mathew

Mailing Address 8 Azalea Trail Ln

City State Zip Code
Bellaire TX 77401-5000

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

Name of Employer Occupation
GHA/USAP Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : 40428.C36947

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
James Mckee

Mailing Address 6322 Knoll Hill Dr

City State Zip Code
Berlin MD 21811-2525

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
357.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37063

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
James Mcmichael

Mailing Address 2911 Greenlee Dr

City State Zip Code
Austin TX 78703-1615

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

Name of Employer Occupation
Capitol Anesthesiology Assn. Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2014

Transaction ID : 40519.C37143

Amount of Each Receipt this Period
250.00

Receipt

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

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

600.00

**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 37 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
James Mcmichael

Mailing Address 2911 Greenlee Dr

City Austin State TX Zip Code 78703-1615

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

Name of Employer Capitol Anesthesiology Assn. Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 24 / 2014

Transaction ID : 40527.C37198

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Harry Miller

Mailing Address 9663 Santa Monica Blvd # 901

City Beverly Hills State CA Zip Code 90210-4303

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 04 / 2014

Transaction ID : 40505.C36985

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Germana Mitchell

Mailing Address 7116 Fairfax Rd.

City Bethesda State MD Zip Code 20814

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37052

Amount of Each Receipt this Period
500.00

Receipt

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 38 OF 96
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Amir Moinfar		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 4382 Steoncrest Dr		Transaction ID : 40428.C36941	
City Ellicott City	State MD	Zip Code 21043	Amount of Each Receipt this Period Receipt 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

Full Name (Last, First, Middle Initial) B. Craig Moldenhauer		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 1630 Crest Dr		Transaction ID : 40513.C37082	
City Encinitas	State CA	Zip Code 92024-5211	Amount of Each Receipt this Period Receipt 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer ASMG	Occupation Anesthesiologist		
Receipt For: 2014 <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) C. Ricardo Mora		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 45 Red Sable Pt		Transaction ID : 40519.C37159	
City Spring	State TX	Zip Code 77380-2689	Amount of Each Receipt this Period Receipt 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greater Houston Anesthesiology	Occupation Anesthesiologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1600.00
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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 39 OF 96

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Frank Moretz

Mailing Address **PO Box 5244**

City **Asheville** State **NC** Zip Code **28813-5244**

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

Name of Employer **Self Employed** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37081

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jeff Mueller

Mailing Address **9121 E Palm Tree Dr**

City **Scottsdale** State **AZ** Zip Code **85255-5309**

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

Name of Employer **Mayo Clinic** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37047

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address **607 Euclid Ave**

City **Mountain Brk** State **AL** Zip Code **35213-2517**

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

Name of Employer **Anesthesia Serv. Of Birmingham** Occupation **Anesthesiologist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : 40602.C37205

Amount of Each Receipt this Period
250.00

Receipt

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 40 OF 96
	<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)
Andy Harris for Congress

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

Mailing Address 7545 Lovely Lane

City Pasonsburg State MD Zip Code 21849-2577

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

Name of Employer SGA Occupation Quality Auditor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37132

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
R. Charles Nichols

Mailing Address 10527 Calvin Ln

City Berlin State MD Zip Code 21811-3116

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

Name of Employer BSC America Companies Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37017

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Raymond Nichols

Mailing Address 1156 Woodlyn Rd

City Annapolis State MD Zip Code 21409-6101

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

Name of Employer BSC America Companies Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2900.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37077

Amount of Each Receipt this Period
400.00

Receipt

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 41 OF 96
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Raymond Nichols

Mailing Address 1156 Woodlyn Rd

City State Zip Code
Annapolis MD 21409-6101

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

Name of Employer Occupation
BSC America Companies CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37076

Amount of Each Receipt this Period
 Receipt 100.00

B. Full Name (Last, First, Middle Initial)
David Nieglos

Mailing Address 912 White Marlin Way

City State Zip Code
Annapolis MD 21409-5753

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

Name of Employer Occupation
Anesthesia Company Llc Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37078

Amount of Each Receipt this Period
 Receipt 100.00

C. Full Name (Last, First, Middle Initial)
Ronald Osborn

Mailing Address 4039 Marlowe St

City State Zip Code
Houston TX 77005-1936

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

Name of Employer Occupation
Greater Houston Anesthesiology Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37170

Amount of Each Receipt this Period
 Receipt 500.00

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 42 OF 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Shoyab Panchbhaya

Mailing Address 3036 Locke Ln

City State Zip Code
Houston TX 77019-6202

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

Name of Employer Occupation
Greater Houston Anesthesiology Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 15 2014

Transaction ID : 40519.C37169

Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
John Pappas

Mailing Address 294 Barden Rd

City State Zip Code
Bloomfield Hills MI 48304-2711

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

Name of Employer Occupation
Soaa Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 09 2014

Transaction ID : 40513.C37086

Amount of Each Receipt this Period
 Receipt 250.00

C. Full Name (Last, First, Middle Initial)
Marc Paradis

Mailing Address 4 Whitman Pond Rd

City State Zip Code
Simsbury CT 06070-1541

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

Name of Employer Occupation
Hartford Anesthesiology Assoc. Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 13 2014

Transaction ID : 40519.C37142

Amount of Each Receipt this Period
 Receipt 1000.00

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: PAGE 43 OF 96
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

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

Mailing Address 4603 Holly St

City State Zip Code
Bellaire TX 77401-5804

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

Name of Employer Occupation
Greater Houston Anesthesiology Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37163

Amount of Each Receipt this Period
 Receipt 500.00

B. Full Name (Last, First, Middle Initial)
Ken Pauker

Mailing Address 18 Sierra Vis

City State Zip Code
Laguna Niguel CA 92677-7952

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

Name of Employer Occupation
Ca Anes. Associates Medical Gr Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37085

Amount of Each Receipt this Period
 Receipt 250.00

C. Full Name (Last, First, Middle Initial)
Sonya Pease

Mailing Address 196 Shelter Ln

City State Zip Code
Jupiter FL 33469-3515

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

Name of Employer Occupation
Team Health Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37088

Amount of Each Receipt this Period
 Receipt 250.00

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 44 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Janice Perdue

Mailing Address 7522 Stephen Decatur Hwy

City State Zip Code
Berlin MD 21811-2655

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

Name of Employer Occupation
None Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37115

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Laura Pimentel

Mailing Address 908 Dennisford Ct

City State Zip Code
Cockeysville MD 21030-1629

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

Name of Employer Occupation
University of MD Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37140

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 603 Jamestown Blvd

City State Zip Code
Dothan AL 36301-6407

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

Name of Employer Occupation
Anesthesia Consultants Medical Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : 40513.C37040

Amount of Each Receipt this Period
500.00

Receipt

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 45 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Dean Polce

Mailing Address 3010 E Charleston Blvd # 1

City Las Vegas State NV Zip Code 89104-2391

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

Name of Employer Self Employed Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37101

Amount of Each Receipt this Period
 Receipt 500.00

B. Full Name (Last, First, Middle Initial)
Andrew Pollak

Mailing Address 1692 Bullock Cir

City Owings Mills State MD Zip Code 21117-1609

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

Name of Employer Univ Of Md Shock Trauma Occupation Orthopedist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 06 / 2014

Transaction ID : 40407.C36883

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
George Purnell

Mailing Address 3409 Coastal Hwy

City Ocean City State MD Zip Code 21842-7458

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

Name of Employer Purnell Properties Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37157

Amount of Each Receipt this Period
 Receipt 500.00

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

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

2000.00

**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 46 OF 96
	<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)
Andy Harris for Congress

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

Mailing Address 4101 Greenway

City Baltimore State MD Zip Code 21218-1133

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

Name of Employer Cohen & Pushkin Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : 40428.C36932

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 109 Central Parke E

City Ocean Pines State MD Zip Code 21811-3213

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : 40527.C37195

Amount of Each Receipt this Period
25.00

Receipt

C. Full Name (Last, First, Middle Initial)
David Richardson

Mailing Address 204 Wagner Rd

City Bel Air State MD Zip Code 21015-2032

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

Name of Employer Southwest Airlines Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : 40513.C37031

Amount of Each Receipt this Period
250.00

Receipt

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

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

775.00

**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 47 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Carolyn H. Robinson

Mailing Address 2212 Dalewood Rd

City Timonium State MD Zip Code 21093-2703

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37058

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Henry Rosenberg

Mailing Address 1 N Charles St Fl 22

City Baltimore State MD Zip Code 21201-3740

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

Name of Employer Rosemore, Inc. Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : 40428.C36929

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jeremy Roth

Mailing Address 913 Hillstead Dr

City Lutherville State MD Zip Code 21093-4748

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

Name of Employer First Colonies Anes Assoc. Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
656.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37056

Amount of Each Receipt this Period
100.00

Receipt

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

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

850.00

**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 48 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
John Rowlingson

Mailing Address 5006 Lake Tree Ln

City Crozet	State VA	Zip Code 22932-3143
----------------	-------------	------------------------

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

Name of Employer UVA School Of Medicine	Occupation Anesthesiologist
--	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37013

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Joshua Saltzman

Mailing Address 8647 Northbend Circle

City Easton	State MD	Zip Code 21601-2843
----------------	-------------	------------------------

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

Name of Employer Airlines for America	Occupation VP Global Government Affairs
--	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37038

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Valentin Samborschi

Mailing Address 1666 Ferry Point Ct

City Trappe	State MD	Zip Code 21673-1611
----------------	-------------	------------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
656.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : 40527.C37187

Amount of Each Receipt this Period
250.00

Receipt

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 49 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
David Santamore

Mailing Address 808 Bynum Run Ct

City State Zip Code
Bel Air MD 21015-6382

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

Name of Employer Occupation
Securas Anesthesia, LLC Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : 40513.C36999

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Derek Schoppa

Mailing Address 4606 Holly St

City State Zip Code
Bellaire TX 77401-5805

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : 40513.C37152

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Abraham Schuster

Mailing Address 3544 Spring Valley Ct

City State Zip Code
Mountain Brk AL 35223-1461

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

Name of Employer Occupation
Anesthesia Serv. Of Birmingham Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37100

Amount of Each Receipt this Period
125.00

Receipt

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

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

875.00

**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 50 OF 96
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
John Scofield

Mailing Address **227 C St SE**

City **Washington** State **DC** Zip Code **20003**

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

Name of Employer **Shockey Scofield Solutions** Occupation **Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : 40513.C37030

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Milan Sheth

Mailing Address **4607 Chaneybriar Ave**

City **Sugar Land** State **TX** Zip Code **77479-6461**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37155

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Bernard Shich

Mailing Address **11717 Longleaf Ln**

City **Houston** State **TX** Zip Code **77024-6415**

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

Name of Employer **Self Employed** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37151

Amount of Each Receipt this Period
500.00

Receipt

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 51 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Kirsten Simanonok

Mailing Address N78W14573 Appleton Ave # 212

City Menomonee Falls	State WI	Zip Code 53051-4382
-------------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Anesthesiologist
-----------------------------------	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : 40513.C36986

Amount of Each Receipt this Period
 Receipt 50.00

B. Full Name (Last, First, Middle Initial)
Kirsten Simanonok

Mailing Address N78W14573 Appleton Ave # 212

City Menomonee Falls	State WI	Zip Code 53051-4382
-------------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Anesthesiologist
-----------------------------------	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2014

Transaction ID : 40606.C37206

Amount of Each Receipt this Period
 Receipt 50.00

C. Full Name (Last, First, Middle Initial)
Mark Singleton

Mailing Address 1805 Greencreek Dr

City San Jose	State CA	Zip Code 95124-1121
------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Anesthesiologist
-----------------------------------	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : 40513.C37041

Amount of Each Receipt this Period
 Receipt 125.00

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

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

225.00

**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 52 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Travis Slade

Mailing Address 763 Church St

City Layton State UT Zip Code 84041-2568

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

Name of Employer Self Employed Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37084

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Steven Soule

Mailing Address 7152 Ridgecrest Ct

City Ventura State CA Zip Code 93003-1433

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

Name of Employer Self Employed Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37079

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Peter Sperandio

Mailing Address 300 E Park Ave

City Haddonfield State NJ Zip Code 08033-1637

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

Name of Employer West Jersey Anesthesia Associa Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : 40428.C36945

Amount of Each Receipt this Period
250.00

Receipt

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: (check only one)	PAGE 53 OF 96
	<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)
Andy Harris for Congress

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

Mailing Address **PO Box 804**

City **Cambridge** State **MD** Zip Code **21613-0804**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : 40505.C36963

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mary Sturaitis

Mailing Address **950 N Michigan Ave Apt 2504**

City **Chicago** State **IL** Zip Code **60611-7508**

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

Name of Employer **University Anesthesiologists** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : 40407.C36882

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Erin Sullivan

Mailing Address **650 Canterbury Ln**

City **Sewickley** State **PA** Zip Code **15143-1223**

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

Name of Employer **Upp Dept Of Anesthesiology** Occupation **Anesthesiologist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : 40505.C36979

Amount of Each Receipt this Period
125.00

Receipt

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

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

725.00

**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 54 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Steven Sween

Mailing Address 240 Marchand Ct NW

City Atlanta State GA Zip Code 30328-2055

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

Name of Employer Physician Specialists Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37098

Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
Myron Szczukowski, Jr.

Mailing Address 510 Idlewild Ave

City Easton State MD Zip Code 21601-3881

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

Name of Employer The Orthopedic Center Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40505.C36968

Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
Steven Tiedemann

Mailing Address 1560 Conrose Dr

City Westminster State MD Zip Code 21157-7200

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40505.C36977

Amount of Each Receipt this Period
 Receipt 500.00

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 55 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Eric Tweedie

Mailing Address 40 Skyline Rd

City State Zip Code
Bangor ME 04401-2156

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

Name of Employer Occupation
EMMC Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37103

Amount of Each Receipt this Period
125.00

Receipt

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

Mailing Address 582 S Rex Blvd

City State Zip Code
Elmhurst IL 60126-4259

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

Name of Employer Occupation
DVA Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : 40513.C37023

Amount of Each Receipt this Period
125.00

Receipt

C. Full Name (Last, First, Middle Initial)
Alicia Vanzile

Mailing Address PO Box 1974

City State Zip Code
Midland MI 48641

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

Name of Employer Occupation
Mid Michigan Anesthesiology Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37051

Amount of Each Receipt this Period
250.00

Receipt

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

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

500.00

**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 56 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Frank Vetare

Mailing Address 11435 Newport Bay Dr

City Berlin State MD Zip Code 21811-9641

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37120

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 369 Motley Rd

City Columbus State MS Zip Code 39701-9514

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

Name of Employer Prairie Anesthesia Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37019

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Craig Wagner

Mailing Address 811 Wayside Ln

City Haddonfield State NJ Zip Code 08033-1047

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

Name of Employer South Jersey Anesthesia Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : 40428.C36944

Amount of Each Receipt this Period
100.00

Receipt

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

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

450.00

**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 57 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Alan Walters

Mailing Address 7 Somerset Ct

City Augusta State GA Zip Code 30909-1839

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

Name of Employer Self Employed Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37018

Amount of Each Receipt this Period
75.00

Receipt

B. Full Name (Last, First, Middle Initial)
C. Dennis Webster

Mailing Address 1402 Providence Rd

City Towson State MD Zip Code 21286-1520

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37137

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
C. Dennis Webster

Mailing Address 1402 Providence Rd

City Towson State MD Zip Code 21286-1520

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37136

Amount of Each Receipt this Period
200.00

Receipt

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

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

475.00

**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 58 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Jeremy Weiner

Mailing Address 2400 Velvet Ridge Dr

City Owings Mills State MD Zip Code 21117-3030

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : 40505.C36970

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
James Wells

Mailing Address PO Box 552

City Hebron State MD Zip Code 21830

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

Name of Employer Re/Max Crossroads Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : 40519.C37138

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
James M. West

Mailing Address 5229 Cosgrove Cv

City Memphis State TN Zip Code 38117-4542

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

Name of Employer Medical Anesthesia Group Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37049

Amount of Each Receipt this Period
500.00

Receipt

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

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

850.00

**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 59 OF 96
	<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)
Andy Harris for Congress

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

Mailing Address 3510 Tartan Ln

City Houston State TX Zip Code 77025-2529

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

Name of Employer Greater Houston Anesthesiology Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37180

Amount of Each Receipt this Period
 Receipt 500.00

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

Mailing Address 1203 Pemberton Dr

City Salisbury State MD Zip Code 21801-2403

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37126

Amount of Each Receipt this Period
 Receipt 500.00

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

Mailing Address 5004 W Grove Ln

City Gibsonia State PA Zip Code 15044-6053

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

Name of Employer Upmc Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37008

Amount of Each Receipt this Period
 Receipt 500.00

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)	PAGE 60 OF 96
	<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)
Andy Harris for Congress

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

Mailing Address 14 Burr Hill Dr

City State Zip Code
Berlin MD 21811-1600

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : 40519.C37122

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Yue-cheng Yang

Mailing Address 3420 N Trail Way

City State Zip Code
Baltimore MD 21234-1249

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

Name of Employer Occupation
Johns Hopkins Health System Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1037.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : 40513.C36998

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
James York

Mailing Address 105 Sandgate Ct

City State Zip Code
Millersville MD 21108-2703

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

Name of Employer Occupation
Chesapeake Orthopedics Orthopedist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : 40415.C36916

Amount of Each Receipt this Period
1000.00

Receipt

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

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

1350.00

**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 61 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Sherif Zaafran

Mailing Address 1225 Turnbury Oak St

City	State	Zip Code
Houston	TX	77055-7016

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

Name of Employer	Occupation
Greater Houston Anesthesiology	Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37178

Amount of Each Receipt this Period
 _____ 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Alae Zarif

Mailing Address 8708 Cypress Ct

City	State	Zip Code
Berlin	MD	21811-2719

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

Name of Employer	Occupation
Atlantic General Hospital	Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40505.C36953

Amount of Each Receipt this Period
 _____ 500.00

Receipt

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

Mailing Address 6702 Riva Ridge Dr

City	State	Zip Code
Richmond	TX	77406-8680

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

Name of Employer	Occupation
Self Employed	Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37093

Amount of Each Receipt this Period
 _____ 1000.00

Receipt

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 62 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
William G. Zitzmann

Mailing Address **8 Ruxlea Ct**

City **Ruxton** State **MD** Zip Code **21204-6401**

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

Name of Employer **Physician Anesthesia Assoc.** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : 40513.C37080

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address **8608 Country Club Dr**

City **Bethesda** State **MD** Zip Code **20817-4578**

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

Name of Employer **Self Employed** Occupation **Surgeon**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : 40505.C36967

Amount of Each Receipt this Period
500.00

Receipt

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

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

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

1000.00

74200.00

**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 63 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Air Line Pilots Association PAC

Mailing Address 1625 Massachusetts Ave, NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37141

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Alliant Techsystems, Inc. PAC

Mailing Address 1300 Wilson Blvd Ste 400

City Arlington State VA Zip Code 22209-2307

FEC ID number of contributing federal political committee. **C C00250209**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40602.C37204

Amount of Each Receipt this Period
 In-Kind 268.00
 Event Supplies

C. Full Name (Last, First, Middle Initial)
Alliant Techsystems, Inc. PAC

Mailing Address 1300 Wilson Blvd Ste 400

City Arlington State VA Zip Code 22209-2307

FEC ID number of contributing federal political committee. **C C00250209**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : 40606.C37208

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

2268.00

**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 64 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
American Academy of Ophthalmology PAC

Mailing Address 1101 Vermont Ave NW Ste 700

City Washington State DC Zip Code 20005-3526

FEC ID number of contributing federal political committee. **C C00196246**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : 40513.C37002

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
American Medical Association PAC

Mailing Address 25 Massachusetts Ave NW

City Washington State DC Zip Code 20001-1430

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 21 / 2014

Transaction ID : 40428.C36928

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
American Osteopathic Information PAC

Mailing Address 1090 Vermont Ave NW Ste 510

City Washington State DC Zip Code 20005-4949

FEC ID number of contributing federal political committee. **C C00113803**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : 40513.C37006

Amount of Each Receipt this Period
1000.00

Receipt

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 65 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
AT&T, Inc. Federal PAC

Mailing Address 208 S Akard St Ste 2701

City Dallas State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37146

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
AVMA PAC

Mailing Address 1910 Sunderland PI NW

City Washington State DC Zip Code 20036-1608

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : 40606.C37209

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
DirectTV Group Inc PAC

Mailing Address 901 F Street NW Ste.600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00331991

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : 40513.C37032

Amount of Each Receipt this Period
2500.00

Receipt

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 96
	<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)
Andy Harris for Congress

A. Friends of Jim Saxton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 795
 City Mount Holly State NJ Zip Code 08060-0795
 FEC ID number of contributing federal political committee. **C C00197699**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014
Transaction ID : 40513.C37075
 Amount of Each Receipt this Period
 1000.00
 Receipt

B. Insurance and Financial Advisors PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2901 Telestar Ct
 City Mosby State VA Zip Code 22042-1260
 FEC ID number of contributing federal political committee. **C C00005249**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014
Transaction ID : 40602.C37202
 Amount of Each Receipt this Period
 1000.00
 Receipt

C. MEDNAX, INC PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 Concord Ter
 City Sunrise State FL Zip Code 33323-2843
 FEC ID number of contributing federal political committee. **C C00469205**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014
Transaction ID : 40513.C37074
 Amount of Each Receipt this Period
 2500.00
 Receipt

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 96
	<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)
Andy Harris for Congress

A. National Beer Wholesalers Assoc. PAC

Full Name (Last, First, Middle Initial)
National Beer Wholesalers Assoc. PAC

Mailing Address 1101 King St Ste 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : 40513.C37035

Amount of Each Receipt this Period
 1500.00

Receipt

B. National Chicken Council PAC

Full Name (Last, First, Middle Initial)
National Chicken Council PAC

Mailing Address 1015 15th St NW Ste 930

City Washington State DC Zip Code 20005-2622

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : 40513.C37027

Amount of Each Receipt this Period
 2000.00

Receipt

C. National Emergency Medicine PAC

Full Name (Last, First, Middle Initial)
National Emergency Medicine PAC

Mailing Address 1125 Executive Cir

City Irving State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 40513.C37060

Amount of Each Receipt this Period
 2500.00

Receipt

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 68 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Neurosurgery PAC

Mailing Address 5550 Meadowbrook Ct

City State Zip Code
Rolling Meadows IL 60008

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 40513.C37004

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Neurosurgery PAC

Mailing Address 5550 Meadowbrook Ct

City State Zip Code
Rolling Meadows IL 60008

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 40519.C37145

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Pricewaterhousecoopers PAC

Mailing Address 1301 K St NW Ste 800

City State Zip Code
Washington DC 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : 40602.C37203

Amount of Each Receipt this Period
2000.00

Receipt

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: (check only one)	PAGE 69 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
Reynolds American Inc. PAC

Mailing Address **PO Box 718**

City **Winston Salem** State **NC** Zip Code **27102-0718**

FEC ID number of contributing federal political committee. **C C00042002**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : 40513.C37028

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Scalise for Congress

Mailing Address **PO Box 23219**

City **Jefferson** State **LA** Zip Code **70183**

FEC ID number of contributing federal political committee. **C C00394957**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : 40513.C37034

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Scalise for Congress

Mailing Address **PO Box 23219**

City **Jefferson** State **LA** Zip Code **70183**

FEC ID number of contributing federal political committee. **C C00394957**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : 40513.C37033

Amount of Each Receipt this Period
2000.00

Receipt

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

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

5000.00

**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 70 OF 96
	<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)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
The Boeing Company PAC

Mailing Address 1200 Wilson Blvd

City: Arlington State: VA Zip Code: 22209-2300

FEC ID number of contributing federal political committee: **C C00142711**

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: 05 / 05 / 2014

Transaction ID : 40513.C37003

Amount of Each Receipt this Period: 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Verizon Good Government PAC

Mailing Address 1300 I St NW FL 4

City: Washington State: DC Zip Code: 20005-3314

FEC ID number of contributing federal political committee: **C C00186288**

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: 05 / 05 / 2014

Transaction ID : 40513.C37005

Amount of Each Receipt this Period: 1000.00

Receipt

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

Amount of Each Receipt this Period

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

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

2000.00

33768.00

**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 71 OF 96
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
PNC Bank - Jacksonville

Mailing Address 3422 Sweet Air Rd

City Phoenix State MD Zip Code 21131-1826

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **887.11**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : 40505.C36973

Amount of Each Receipt this Period
77.74

Other Receipt

NOTE: BANK INTEREST

B. Full Name (Last, First, Middle Initial)
PNC Bank - Jacksonville

Mailing Address 3422 Sweet Air Rd

City Phoenix State MD Zip Code 21131-1826

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **889.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : 40505.C36974

Amount of Each Receipt this Period
2.53

Other Receipt

NOTE: BANK INTEREST

C. Full Name (Last, First, Middle Initial)
PNC Bank - Jacksonville

Mailing Address 3422 Sweet Air Rd

City Phoenix State MD Zip Code 21131-1826

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **981.14**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : 40609.C37211

Amount of Each Receipt this Period
91.50

Other Receipt

NOTE: BANK INTEREST

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

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

171.77

**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 72 OF 96
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

A. Full Name (Last, First, Middle Initial)
PNC Bank - Jacksonville

Mailing Address 3422 Sweet Air Rd

City Phoenix State MD Zip Code 21131-1826

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
983.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : 40609.C37212

Amount of Each Receipt this Period
2.53

Other Receipt

NOTE: BANK 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2.53

174.30

**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 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Alliant Techsystems, Inc. PAC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1300 Wilson Blvd Ste 400		Amount of Each Disbursement this Period 268.00
City Arlington	State VA	
Zip Code 22209-2307	Purpose of Disbursement Event Supplies	Transaction ID : 40602.C37204IK
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)	IN KIND: EVENT SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) B. Aristotle International, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1950.00
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Software	Transaction ID : 40415.E5514
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)	SOFTWARE
State: District:		

Full Name (Last, First, Middle Initial) c. Bankcard Center		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address PO Box 569200		Amount of Each Disbursement this Period 1300.46
City Dallas	State TX	
Zip Code 75356-9200	Purpose of Disbursement See Below	Transaction ID : 40421.E5516
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)	SEE BELOW
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3518.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address Charles Street		Amount of Each Disbursement this Period 236.00
City Baltimore	State MD Zip Code 21201-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 40611.E5567
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 533.70
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Meeting Expenses	Candidate Name	Transaction ID : 40611.E5568
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: MEETING EXPENSES

Full Name (Last, First, Middle Initial) C. Exxon		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 5959 Las Colinas Blvd		Amount of Each Disbursement this Period 54.85
City Irving	State TX Zip Code 75039-4202	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 40611.E5570
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Integram		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 22695 Commerce Center Ct Ste 170		Amount of Each Disbursement this Period 5563.22
City Sterling	State VA	
Zip Code 20166-2037	Purpose of Disbursement Postage	Transaction ID : 40611.E5572
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)	[MEMO ITEM] MEMO: POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 2702 Love Field Dr		Amount of Each Disbursement this Period 228.50
City Dallas	State TX	
Zip Code 75235-1908	Purpose of Disbursement Airfare	Transaction ID : 40611.E5575
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)	[MEMO ITEM] MEMO: AIRFARE
State: District:		

Full Name (Last, First, Middle Initial) c. Bankcard Center		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 569200		Amount of Each Disbursement this Period 5563.22
City Dallas	State TX	
Zip Code 75356-9200	Purpose of Disbursement See Below	Transaction ID : 40527.E5555
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)	SEE BELOW
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5563.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 387.62
City San Antonio	State TX	
Zip Code 78205-2255	Purpose of Disbursement Telephone	Transaction ID : 40611.E5576
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)	[MEMO ITEM] MEMO: TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) B. FedEx Kinkos		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 13.41
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Transaction ID : 40611.E5577
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)	[MEMO ITEM] MEMO: SHIPPING
State: District:		

Full Name (Last, First, Middle Initial) C. Hotwire		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 333 108th Ave NE		Amount of Each Disbursement this Period 116.55
City Bellevue	State WA	
Zip Code 98004-5703	Purpose of Disbursement Lodging	Transaction ID : 40611.E5581
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)	[MEMO ITEM] MEMO: LODGING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Hyatt Hotels		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 71 S Wacker Dr Fl 12		Amount of Each Disbursement this Period 613.10
City Chicago	State IL Zip Code 60606-4637	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : 40611.E5582
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: LODGING

Full Name (Last, First, Middle Initial) B. Integram		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 22695 Commerce Center Ct Ste 170		Amount of Each Disbursement this Period 1050.25
City Sterling	State VA Zip Code 20166-2037	
Purpose of Disbursement Direct Mail Production	Candidate Name	Transaction ID : 40611.E5583
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: DIRECT MAIL PRODUCTION

Full Name (Last, First, Middle Initial) c. JetBlue		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 4701 Queens Blvd		Amount of Each Disbursement this Period 337.00
City Sunnyside	State NY Zip Code 11104-1660	
Purpose of Disbursement Airfare	Candidate Name	Transaction ID : 40611.E5584
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 910 Louisiana St		Amount of Each Disbursement this Period 59.10
City Houston	State TX Zip Code 77002-4916	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 40611.E5588
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 2702 Love Field Dr		Amount of Each Disbursement this Period 433.00
City Dallas	State TX Zip Code 75235-1908	
Purpose of Disbursement Airfare	Candidate Name	Transaction ID : 40611.E5589
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: AIRFARE

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1250 H St NW		Amount of Each Disbursement this Period 106.89
City Washington	State DC Zip Code 20005-3952	
Purpose of Disbursement Event Supplies	Candidate Name	Transaction ID : 40611.E5590
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: EVENT SUPPLIES

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 99.00
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Airfare	Transaction ID : 40611.E5591
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)	[MEMO ITEM] MEMO: AIRFARE
State: District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 475 Lenfant Plz SW		Amount of Each Disbursement this Period 308.00
City Washington	State DC	
Zip Code 20260-0001	Purpose of Disbursement Postage	Transaction ID : 40611.E5592
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)	[MEMO ITEM] MEMO: POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) c. Capt. Bob Ritchies		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 21130 Carter Ave		Amount of Each Disbursement this Period 200.00
City Rock Hall	State MD	
Zip Code 21661-1309	Purpose of Disbursement Event Catering	Transaction ID : 40505.E5528
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)	EVENT CATERING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. FedEx Kinkos		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 14.30
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Category/ Type SHIPPING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) B. FedEx Kinkos		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 14.30
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Category/ Type SHIPPING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) C. FedEx Kinkos		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 28.64
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Category/ Type SHIPPING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	57.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Integram		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 22695 Commerce Center Ct Ste 170		Amount of Each Disbursement this Period 742.54
City Sterling State VA Zip Code 20166-2037	Purpose of Disbursement Direct Mail Production	Transaction ID : 40421.E5524
Candidate Name	Category/Type	DIRECT MAIL PRODUCTION
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. Integram		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 22695 Commerce Center Ct Ste 170		Amount of Each Disbursement this Period 1312.87
City Sterling State VA Zip Code 20166-2037	Purpose of Disbursement Direct Mail Production	Transaction ID : 40505.E5531
Candidate Name	Category/Type	DIRECT MAIL PRODUCTION
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) c. PNC Bank - Jacksonville		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 3422 Sweet Air Rd		Amount of Each Disbursement this Period 75.00
City Phoenix State MD Zip Code 21131-1826	Purpose of Disbursement Bank Fees	Transaction ID : 40505.E5534
Candidate Name	Category/Type	BANK FEES
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:		

SUBTOTAL of Disbursements This Page (optional).....	2130.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 96			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. PNC Bank - Jacksonville		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 3422 Sweet Air Rd		Amount of Each Disbursement this Period 55.00
City Phoenix	State MD	
Zip Code 21131-1826	Purpose of Disbursement Bank Fees	Transaction ID : 40609.E5565
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)	BANK FEES
State: District:		

Full Name (Last, First, Middle Initial) B. Post Haste Mailing		Date of Disbursement MM / DD / YYYY 05 / 10 / 2014
Mailing Address 90 Russell St Ste 100		Amount of Each Disbursement this Period 1303.68
City Annapolis	State MD	
Zip Code 21401-3651	Purpose of Disbursement Direct Mail Production	Transaction ID : 40519.E5547
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)	DIRECT MAIL PRODUCTION
State: District:		

Full Name (Last, First, Middle Initial) C. Professional Data Services		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 2470 Daniells Bridge Rd Ste 121		Amount of Each Disbursement this Period 1501.44
City Athens	State GA	
Zip Code 30606-6188	Purpose of Disbursement Compliance Consulting	Transaction ID : 40421.E5517
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)	COMPLIANCE CONSULTING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2860.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Professional Data Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 2470 Daniells Bridge Rd Ste 121			Amount of Each Disbursement this Period 1529.32
City Athens	State GA	Zip Code 30606-6188	Transaction ID : 40519.E5553
Purpose of Disbursement Compliance Consulting		Category/ Type	
Candidate Name			COMPLIANCE CONSULTING
Office Sought:	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. RKS Realty			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 15 E Churchville Rd Ste 108			Amount of Each Disbursement this Period 350.00
City Bel Air	State MD	Zip Code 21014-3837	Transaction ID : 40513.E5539
Purpose of Disbursement Office Rent Expense		Category/ Type	
Candidate Name			OFFICE RENT EXPENSE
Office Sought:	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) c. Amy Shuster			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 135 E Clement St			Amount of Each Disbursement this Period 1500.00
City Baltimore	State MD	Zip Code 21230-4510	Transaction ID : 40415.E5515
Purpose of Disbursement Fundraising Consulting		Category/ Type	
Candidate Name			FUNDRAISING CONSULTING
Office Sought:	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:		

SUBTOTAL of Disbursements This Page (optional).....	3379.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Amy Shuster			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 135 E Clement St			Amount of Each Disbursement this Period 1325.59
City Baltimore	State MD	Zip Code 21230-4510	Transaction ID : 40505.E5530
Purpose of Disbursement Fundraising Consulting		Category/ Type	
Candidate Name			FUNDRAISING CONSULTING
Office Sought:	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. Amy Shuster			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 135 E Clement St			Amount of Each Disbursement this Period 1500.00
City Baltimore	State MD	Zip Code 21230-4510	Transaction ID : 40513.E5540
Purpose of Disbursement Fundraising Consulting		Category/ Type	
Candidate Name			FUNDRAISING CONSULTING
Office Sought:	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) c. Amy Shuster			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address 135 E Clement St			Amount of Each Disbursement this Period 2043.80
City Baltimore	State MD	Zip Code 21230-4510	Transaction ID : 40519.E5548
Purpose of Disbursement Fundraising Consulting		Category/ Type	
Candidate Name			FUNDRAISING CONSULTING
Office Sought:	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:		

SUBTOTAL of Disbursements This Page (optional).....	4869.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 96	
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. The M Group LLC		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 100 Luna Park Dr Apt 156		Amount of Each Disbursement this Period 3191.09
City Alexandria	State VA	
Zip Code 22305-3153	Purpose of Disbursement See Below	Transaction ID : 40421.E5518
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)	SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) B. The M Group LLC		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 100 Luna Park Dr Apt 156		Amount of Each Disbursement this Period 1940.00
City Alexandria	State VA	
Zip Code 22305-3153	Purpose of Disbursement Fundraising Consulting	Transaction ID : 40421.E5519
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)	[MEMO ITEM] MEMO: FUNDRAISING CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 230.53
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meeting Expenses	Transaction ID : 40421.E5520
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)	[MEMO ITEM] MEMO: MEETING EXPENSES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3191.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. FedEx Kinkos		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 34.28
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Transaction ID : 40421.E5521
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)	[MEMO ITEM] MEMO: SHIPPING
State: District:		

Full Name (Last, First, Middle Initial) B. Finemondo		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 1319 F St NW		Amount of Each Disbursement this Period 604.10
City Washington	State DC	
Zip Code 20004-1106	Purpose of Disbursement Event Catering	Transaction ID : 40421.E5522
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)	[MEMO ITEM] MEMO: EVENT CATERING
State: District:		

Full Name (Last, First, Middle Initial) C. Pintail Point		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 511 Pintail Point Farm Ln		Amount of Each Disbursement this Period 502.18
City Queenstown	State MD	
Zip Code 21658-1263	Purpose of Disbursement Event Catering/Facility Rental	Transaction ID : 40421.E5523
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)	[MEMO ITEM] MEMO: EVENT CATERING/FACILITY RENTAL
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. The M Group LLC		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 100 Luna Park Dr Apt 156		Amount of Each Disbursement this Period 2257.60
City Alexandria	State VA	
Zip Code 22305-3153	Purpose of Disbursement See Below	Transaction ID : 40513.E5542
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)	SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) B. The M Group LLC		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 100 Luna Park Dr Apt 156		Amount of Each Disbursement this Period 1775.00
City Alexandria	State VA	
Zip Code 22305-3153	Purpose of Disbursement Fundraising Consulting	Transaction ID : 40513.E5543
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)	[MEMO ITEM] MEMO: FUNDRAISING CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) c. The M Group LLC		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 100 Luna Park Dr Apt 156		Amount of Each Disbursement this Period 133.20
City Alexandria	State VA	
Zip Code 22305-3153	Purpose of Disbursement Mileage	Transaction ID : 40513.E5544
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)	[MEMO ITEM] MEMO: MILEAGE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2257.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. FedEx Kinkos		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 833.25
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Transaction ID : 40513.E5545
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)	[MEMO ITEM] MEMO: SHIPPING
State: District:		

Full Name (Last, First, Middle Initial) B. Pintail Point		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 511 Pintail Point Farm Ln		Amount of Each Disbursement this Period 329.72
City Queenstown	State MD	
Zip Code 21658-1263	Purpose of Disbursement Event Facility Rental	Transaction ID : 40513.E5546
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)	[MEMO ITEM] MEMO: EVENT FACILITY RENTAL
State: District:		

Full Name (Last, First, Middle Initial) c. Upstream Communications LP		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 1609 Shoal Creek Blvd Suite 203		Amount of Each Disbursement this Period 833.25
City Austin	State TX	
Zip Code 78701-1054	Purpose of Disbursement CC Transaction Fees	Transaction ID : 40513.E5536
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)	CC TRANSACTION FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	833.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 96			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Upstream Communications LP		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1609 Shoal Creek Blvd Suite 203		Amount of Each Disbursement this Period 1605.00
City Austin State TX Zip Code 78701-1054	Purpose of Disbursement CC Transaction Fees	
Candidate Name	Category/Type	Transaction ID : 40606.E5564
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)	CC TRANSACTION FEES
State: District:		

Full Name (Last, First, Middle Initial) B. Chevy Weiss		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3105 Bonnie Rd		Amount of Each Disbursement this Period 1500.00
City Baltimore State MD Zip Code 21208-5602	Purpose of Disbursement Campaign Strategy Consulting	
Candidate Name	Category/Type	Transaction ID : 40415.E5511
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)	CAMPAIGN STRATEGY CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) c. Chevy Weiss		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 3105 Bonnie Rd		Amount of Each Disbursement this Period 1500.00
City Baltimore State MD Zip Code 21208-5602	Purpose of Disbursement Campaign Strategy Consulting	
Candidate Name	Category/Type	Transaction ID : 40513.E5538
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)	CAMPAIGN STRATEGY CONSULTING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4605.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Wired for Victory		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO Box 2025		Amount of Each Disbursement this Period 500.00
City Annapolis	State MD	Zip Code 21404-2025
Purpose of Disbursement Media Consulting	Category/ Type	
Candidate Name	Transaction ID : 40428.E5527	
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)	MEDIA CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) B. Elizabeth Young		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 13401 Redcoat Ln		Amount of Each Disbursement this Period 500.00
City Phoenix	State MD	Zip Code 21131-2109
Purpose of Disbursement Financial Consulting	Category/ Type	
Candidate Name	Transaction ID : 40407.E5491	
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)	FINANCIAL CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) c. Elizabeth Young		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 13401 Redcoat Ln		Amount of Each Disbursement this Period 500.00
City Phoenix	State MD	Zip Code 21131-2109
Purpose of Disbursement Financial Consulting	Category/ Type	
Candidate Name	Transaction ID : 40513.E5537	
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)	FINANCIAL CONSULTING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Elizabeth Young		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 13401 Redcoat Ln		Amount of Each Disbursement this Period 23.29
City Phoenix	State MD	
Zip Code 21131-2109	Purpose of Disbursement See Below	Transaction ID : 40519.E5551
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)	SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 475 Lenfant Plz SW		Amount of Each Disbursement this Period 23.29
City Washington	State DC	
Zip Code 20260-0001	Purpose of Disbursement Postage	Transaction ID : 40519.E5552
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)	[MEMO ITEM] MEMO: POSTAGE
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	23.29
TOTAL This Period (last page this line number only).....	34988.39

**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 92 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Dr. Brian Babin for Congress		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address PO Box 159		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40513.E5541
City Woodville	State TX	
Zip Code 75979-	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name BRIAN BABIN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 36	

Full Name (Last, First, Middle Initial) B. Mike Bost for Congress Committee		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 1212		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40527.E5557
City Murphysboro	State IL	
Zip Code 62966-1212	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name MICHAEL J BOST	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 12	

Full Name (Last, First, Middle Initial) c. Ryan Costello for Congress		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address PO Box 3154		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40602.E5563
City West Chester	State PA	
Zip Code 19381-3154	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name RYAN A COSTELLO	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 06	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 96
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Carlos Curbelo Congress		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 8770 SW 72nd St # 355		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40527.E5556
City Miami	State FL	
Zip Code 33173-3512	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name CARLOS CURBELO	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 26	

Full Name (Last, First, Middle Initial) B. House Liberty Fund		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 701 8th St NW Ste 500		Amount of Each Disbursement this Period 5000.00 Transaction ID : 40505.E5533
City Washington	State DC	
Zip Code 20001-3965	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name HOUSE LIBERTY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Friends of Bob Johnson		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PO Box 16401		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40519.E5549
City Savannah	State GA	
Zip Code 31416-3101	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name ROBERT EUGENE JOHNSON	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 96
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Friends of Jack Kingston		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 2133		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40602.E5561
City Savannah	State GA Zip Code 31402-2133	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name JOHN R KINGSTON SR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Run-Off	
State: GA District: 00		

Full Name (Last, First, Middle Initial) B. Loudermilk for Congress		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 447		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40505.E5532
City Cassville	State GA Zip Code 30123-0447	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name BARRY LOUDERMILK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 11		

Full Name (Last, First, Middle Initial) c. MDPetitions.org		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 20005 Lindenhurst Ct		Amount of Each Disbursement this Period 2000.00 Transaction ID : 40602.E5562
City Hagerstown	State MD Zip Code 21742-9771	
Purpose of Disbursement CONTRIBUTION (STATE COMMITTEE)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 96			
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Maryland Republican Party		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 95 Cathedral St		Amount of Each Disbursement this Period 12500.00 Transaction ID : 40519.E5550
City Annapolis State MD Zip Code 21401-2730	Purpose of Disbursement CONTRIBUTION	
Candidate Name MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Maryland Republican Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 95 Cathedral St		Amount of Each Disbursement this Period 2000.00 Transaction ID : 40407.E5492
City Annapolis State MD Zip Code 21401-2730	Purpose of Disbursement CONTRIBUTION	
Candidate Name MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. McSally for Congress		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address PO Box 18612		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40421.E5525
City Tucson State AZ Zip Code 85731-8612	Purpose of Disbursement CONTRIBUTION	
Candidate Name MARTHA E MCSALLY		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

SUBTOTAL of Disbursements This Page (optional).....	15500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 96
	<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)
Andy Harris for Congress

Full Name (Last, First, Middle Initial) A. Friends of Stewart Mills		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 1039		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40527.E5559
City Brainerd	State MN	
Zip Code 56401-1039	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name STEWART MILLS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 08	

Full Name (Last, First, Middle Initial) B. WendyRogers.org		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 3030 S Rural Rd Ste 107		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40421.E5526
City Tempe	State AZ	
Zip Code 85282-3800	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name WENDY ROGERS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 09	

Full Name (Last, First, Middle Initial) c. Westrom for Congress		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 210		Amount of Each Disbursement this Period 1000.00 Transaction ID : 40527.E5558
City Elbow Lake	State MN	
Zip Code 56531-0210	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name TORREY WESTROM	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 07	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	32500.00