

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

DONNA EDWARDS FOR CONGRESS

Report Covering the Period: From: 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)).....	45530.23	582852.66
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	1005.55
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	45430.23	581847.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	71297.90	431672.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2882.11
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	71297.90	428789.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	177557.82	
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).....	10020.00	

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
DONNA EDWARDS FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
2	5

Y	Y	Y	Y
2	0	1	0

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	14360.00	223728.96
(i) Itemized (use Schedule A).....	5647.50	81335.02
(ii) Unitemized.....	20007.50	305063.98
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	25500.00	277765.95
(c) Other Political Committees (such as PACS).....	22.73	22.73
(d) The Candidate.....	45530.23	582852.66
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
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	2882.11
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	45530.23	585734.77

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	71297.90	431672.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	20000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	100.00	1005.55
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	1005.55
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	71397.90	452677.58

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	203425.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	45530.23
25. SUBTOTAL (add Line 23 and Line 24).....	248955.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	71397.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	177557.82

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Jeffrey Abramson</p> <p>Mailing Address 5504 Edson Lane</p> <p>City State Zip Code Rockville MD 20852</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Lerner Occupation Consultant</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 312.50</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2010</p> <p>Transaction ID: SA11AI.51339</p> <p>Amount of Each Receipt this Period 312.50</p>
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<p>B. Full Name (Last, First, Middle Initial) Jeffrey Blum</p> <p>Mailing Address 7310 Cedar Avenue</p> <p>City State Zip Code Takoma Park MD 20912</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer USAction Occupation Non-profit Director</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 550.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2010</p> <p>Transaction ID: SA11AI.51354</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Jeffrey Blum</p> <p>Mailing Address 7310 Cedar Avenue</p> <p>City State Zip Code Takoma Park MD 20912</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer USAction Occupation Non-profit Director</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 700.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2010</p> <p>Transaction ID: SA11AI.51547</p> <p>Amount of Each Receipt this Period 150.00</p>
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SUBTOTAL of Receipts This Page (optional)	712.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

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

Mailing Address 3719 Chesholm Road

City State Zip Code
Baltimore MD 21216

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Lawyer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2010
Transaction ID: SA11AI.51527
 Amount of Each Receipt this Period 250.00

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

Mailing Address 1012 Heather Ave.

City State Zip Code
Takoma MD 20912

FEC ID number of contributing federal political committee. C

Name of Employer Center for Digital Democracy Occupation
Writer Consumer Advocate

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 07 / 25 / 2010
Transaction ID: SA11AI.51474
 Amount of Each Receipt this Period 100.00

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

Mailing Address 20423 Waters Point Lane

City State Zip Code
Germantown MD 20874

FEC ID number of contributing federal political committee. C

Name of Employer Aslan Machine, Inc. Occupation
President/CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 08 / 07 / 2010
Transaction ID: SA11AI.51359
 Amount of Each Receipt this Period 450.00

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Diane Feeney</p> <p>Mailing Address 188 E 78th Street Apt 23B</p> <p>City New York State NY Zip Code 10075</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Fact Services Co. Inc. Occupation Non-profit</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 04 / 2010</p> <p>Transaction ID: SA11AI.51525</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Martha Fleischman</p> <p>Mailing Address 1150 Park Avenue Apt. 18A</p> <p>City New York State NY Zip Code 10128</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kennedy Gallery Occupation Sales</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 750.00</p>	<p>Date of Receipt 07 / 07 / 2010</p> <p>Transaction ID: SA11AI.51460</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Shelley Fudge</p> <p>Mailing Address 308 Highview Avenue</p> <p>City Silver Spring State MD Zip Code 20901</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer US EPA Occupation Policy Analyst</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt 08 / 15 / 2010</p> <p>Transaction ID: SA11AI.51373</p> <p>Amount of Each Receipt this Period 100.00</p>
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SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Susan Fulton</p> <p>Mailing Address 1441 Swann Street NW</p> <p>City State Zip Code Washingotn DC 20009</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: FBB Capital Partners Occupation: Small Business Owner</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 325.00</p>	<p>Date of Receipt 07 / 26 / 2010</p> <p>Transaction ID: SA11AI.51475</p> <p>Amount of Each Receipt this Period 25.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Susan Fulton</p> <p>Mailing Address 1441 Swann Street NW</p> <p>City State Zip Code Washingotn DC 20009</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: FBB Capital Partners Occupation: Small Business Owner</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 375.00</p>	<p>Date of Receipt 07 / 27 / 2010</p> <p>Transaction ID: SA11AI.51477</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Richard Gale</p> <p>Mailing Address 75 Eastmoor Avenue Apartment #4</p> <p>City State Zip Code Daly City CA 94015</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Retired Occupation: Educator</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 325.00</p>	<p>Date of Receipt 07 / 30 / 2010</p> <p>Transaction ID: SA11AI.51508</p> <p>Amount of Each Receipt this Period 10.00</p>
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SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Laurence Garthe

Mailing Address 15716 Allnutt Lane

City State Zip Code
Burtonsville MD 20866

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	0

Transaction ID: SA11AI.51374
 Amount of Each Receipt this Period

	100.00
--	---------------

B. Full Name (Last, First, Middle Initial)
Jsmail Guder

Mailing Address 8936 Town and Country Blvd
Apt. E

City State Zip Code
Ellicott City MD 21043

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	0

Transaction ID: SA11AI.51376
 Amount of Each Receipt this Period

	300.00
--	---------------

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

Mailing Address 20719 Crystal Hill Circle
Apt. E

City State Zip Code
Germantown MD 20874

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	0

Transaction ID: SA11AI.51380
 Amount of Each Receipt this Period

	450.00
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SUBTOTAL of Receipts This Page (optional) ►

	850.00
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TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 10 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
M. Suzanne Hess

Mailing Address 6309 Cypress Point Road

City San Diego State CA Zip Code 92120

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2010
Transaction ID: SA11AI.51382
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ashwani Jain

Mailing Address 10728 Ardnave Place

City Potomac State MD Zip Code 20854

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

Name of Employer Student Occupation Student

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt 07 / 10 / 2010
Transaction ID: SA11AI.51389
Amount of Each Receipt this Period 1100.00

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

Mailing Address 20423 Waters Point Lane

City Germantown State MD Zip Code 20874

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 08 / 07 / 2010
Transaction ID: SA11AI.51391
Amount of Each Receipt this Period 450.00

SUBTOTAL of Receipts This Page (optional) ► 2050.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 48
(check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Ahmet Kus

Mailing Address 225a Farragut Court
Apt. 203

City State Zip Code
Annapolis MD 21403

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

Name of Employer Occupation
Mark Monitor Security Analyst

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 07 / 2010

Transaction ID: SA11AI.51399

Amount of Each Receipt this Period
450.00

B.

Full Name (Last, First, Middle Initial)
Faith Kuzu

Mailing Address 6 McCausland Place
Apt. 102

City State Zip Code
Gaithersburg MD 20877

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 07 / 2010

Transaction ID: SA11AI.51401

Amount of Each Receipt this Period
450.00

C.

Full Name (Last, First, Middle Initial)
Marvin Lang

Mailing Address 6000 Boulevard
Suite 400

City State Zip Code
North Bethesda MD 20852

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

Name of Employer Occupation
Guardian Managing Director

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: SA11AI.51404

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

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

Mailing Address 11515 Marjorie Drive

City Mitchellville State MD Zip Code 20721

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

Name of Employer WLL Government Affairs Occupation President & CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 23 / 2010
Transaction ID: SA11AI.51407
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Geraldine Mannion

Mailing Address 10 Melody Drive

City Colonia State NJ Zip Code 07067

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

Name of Employer Carnegie Corporation of NY Occupation Nonprofit Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1975.00

Date of Receipt: 07 / 23 / 2010
Transaction ID: SA11AI.51470
 Amount of Each Receipt this Period: 325.00

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

Mailing Address 10 Melody Drive

City Colonia State NJ Zip Code 07067

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

Name of Employer Carnegie Corporation of NY Occupation Nonprofit Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: SA11AI.51556
 Amount of Each Receipt this Period: 325.00

SUBTOTAL of Receipts This Page (optional) ► 1650.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Patrick McCann	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 805 Brice Road	Transaction ID: SA11AI.51533
	City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Montgomery County Public Schools Teacher Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 225.00	

B.	Full Name (Last, First, Middle Initial) Winsome McIntosh	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 7411 Baltimore Avenue	Transaction ID: SA11AI.51415
	City State Zip Code Takoma Park MD 20912	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Philanthropic Strategies, Inc. Executive Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Karen Montgomery	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 211 Market Street	Transaction ID: SA11AI.51418
	City State Zip Code Brookeville MD 20833	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation State of Maryland State Delegate Receipt For: 2010 <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)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

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

Mailing Address 2005 Labrador Lane

City Vienna State VA Zip Code 22182

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

Name of Employer PHRA Occupation Engineer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 08 / 16 / 2010
Transaction ID: SA11AI.51422
 Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Amelie Porter

Mailing Address 4000 Cathedral Avenue NW
Apt 813-B

City Washington State DC Zip Code 20016

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.51428
 Amount of Each Receipt this Period 200.00

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

Mailing Address 155 Jackson Street
Apt. 401

City San Francisco State CA Zip Code 94111

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

Name of Employer Self Occupation Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 07 / 20 / 2010
Transaction ID: SA11AI.51429
 Amount of Each Receipt this Period 2400.00

SUBTOTAL of Receipts This Page (optional) ► 2800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Maida Schifter

Mailing Address 1606 Belvedere Blvd

City State Zip Code
Silver Spring MD 20902

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

Name of Employer Occupation
The Urban Institute Nonprofit Officer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	0

Transaction ID: SA11AI.51548

Amount of Each Receipt this Period
500.00

1700.00

B.

Full Name (Last, First, Middle Initial)
Rosalind Stephenwoof

Mailing Address 2307 Skyland Place SE Suite A

City State Zip Code
Washington DC 20020

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

Name of Employer Occupation
National Association of Minority Contr President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: SA11AI.51436

Amount of Each Receipt this Period
500.00

500.00

C.

Full Name (Last, First, Middle Initial)
John Sullivan

Mailing Address 3022 Crest Avenue

City State Zip Code
Cheverly MD 20785

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

Name of Employer Occupation
Buyer's Edge Co., Inc. Real Estate Broker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

Transaction ID: SA11AI.51566

Amount of Each Receipt this Period
100.00

500.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

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

Mailing Address 2000 Tower Oaks Blvd
Eighth Floor

City State Zip Code
Rockville MD 20852

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

Name of Employer Lerner Occupation Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11AI.51439

Amount of Each Receipt this Period
312.50

312.50

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

Mailing Address 804 Huntsman Road

City State Zip Code
Towson MD 21286

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

Name of Employer Johns Hopkins Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: SA11AI.51509

Amount of Each Receipt this Period
50.00

450.00

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

Mailing Address 18 Shadow Glen Mews

City State Zip Code
Gaithersburg MD 20878

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 07 / 2010

Transaction ID: SA11AI.51452

Amount of Each Receipt this Period
450.00

450.00

SUBTOTAL of Receipts This Page (optional)	812.50
TOTAL This Period (last page this line number only)	14360.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE

Mailing Address 1050 31ST STREET NW

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: SA11C.51231

Amount of Each Receipt this Period
1000.00

1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE

Mailing Address 80 F Street NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: SA11C.51221

Amount of Each Receipt this Period
1000.00

4500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN PODIATRIC MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 9312 Old Georgetown Road

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: SA11C.51227

Amount of Each Receipt this Period
1000.00

2000.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAMP DRESSER & MCKEE INC. NATIONAL POLITICAL ACTION COMMITTEE (A.K.A. 'CDM NATIONAL PAC)

Mailing Address 14420 ALBEMARLE POINT PL SUITE 210

City State Zip Code
CHANTILLY VA 20151

FEC ID number of contributing federal political committee. **C** C00398222

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 23 / 2010

Transaction ID: SA11C.51230

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 Westpark Drive

City State Zip Code
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 22 / 2010

Transaction ID: SA11C.51236

Amount of Each Receipt this Period
2500.00

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

Mailing Address PO Box 8313
SUITE 300

City State Zip Code
Burlington VT 05402

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 19 / 2010

Transaction ID: SA11C.51244

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INT'L BROTH

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2010

Mailing Address 25 Louisiana Ave. NW
Transaction ID: SA11C.51222

City Washington State DC Zip Code 20001
Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00

B. Full Name (Last, First, Middle Initial)
INT'L FED. OF PROFESSIONAL AND TECHNICAL ENGINEERS LEG. EDU. ACTION PROGRAM - PAC

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2010

Mailing Address 501 3rd Street NW
Transaction ID: SA11C.51224

Suite 701
Amount of Each Receipt this Period
1000.00

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00164509

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

C. Full Name (Last, First, Middle Initial)
INT'L FED. OF PROFESSIONAL AND TECHNICAL ENGINEERS LEG. EDU. ACTION PROGRAM - PAC

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2010

Mailing Address 501 3rd Street NW
Transaction ID: SA11C.51243

Suite 701
Amount of Each Receipt this Period
1000.00

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00164509

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) IRANIAN AMERICAN POLITICAL ACTION COMMITTEE - PUBLIC AFFAIRS ALLIANCE OF IRANIAN AMERICANS		Date of Receipt
	Mailing Address 1350 Connecticut Avenue NW Suite 202		M M / D D / Y Y Y Y Y 0 8 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.51242
	C C00382028		Amount of Each Receipt this Period
Name of Employer		Occupation	2500.00
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		2500.00	

B.	Full Name (Last, First, Middle Initial) TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE		Date of Receipt
	Mailing Address 1700 Broadway 2nd Floor		M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10019
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.51245
	C C00008268		Amount of Each Receipt this Period
Name of Employer		Occupation	1000.00
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		1000.00	

C.	Full Name (Last, First, Middle Initial) TURKISH COALITON USA PAC (TC-USA PAC)		Date of Receipt
	Mailing Address 1025 CONNECTICUT AVE SUITE 1000		M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	City	State	Zip Code
	WASHINGTON	DC	20036
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.51232
	C C00432526		Amount of Each Receipt this Period
Name of Employer		Occupation	1000.00
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		2000.00	

SUBTOTAL of Receipts This Page (optional) ▶

4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 48
(check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

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

Mailing Address 8000 EAST JEFFERSON

City State Zip Code
DETROIT MI 48214

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11C.51237

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="25500.00"/>

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

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

FOR LINE NUMBER: PAGE 22 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Donna Edwards

Mailing Address 8904 Glen Lane

City State Zip Code
Fort Washington MD 20744

FEC ID number of contributing federal political committee. **C** H6MD04183

Name of Employer Occupation
Arca Foundation Executive Director

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2010

Transaction ID: SA11D.51577

Amount of Each Receipt this Period
 22.73

22.73

SUBTOTAL of Receipts This Page (optional)	▶	22.73
TOTAL This Period (last page this line number only)	▶	22.73

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51329 Date of Disbursement 07 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 1.78
B.	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51330 Date of Disbursement 07 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 20.74
C.	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51331 Date of Disbursement 07 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 0.60

SUBTOTAL of Disbursements This Page (optional) ▶

23.12

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51332 Date of Disbursement 07 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 24.44
B.	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51333 Date of Disbursement 08 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 26.11
C.	Full Name (Last, First, Middle Initial) ActBlue Technical Services <hr/> Mailing Address 14 Arrow Street <hr/> City Cambridge State MA Zip Code 02138 <hr/> Purpose of Disbursement Fund Raising Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51334 Date of Disbursement 08 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 31.41

SUBTOTAL of Disbursements This Page (optional) ▶

81.96

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ActBlue Technical Services Mailing Address 14 Arrow Street City Cambridge State MA Zip Code 02138 Purpose of Disbursement Fund Raising Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51335 Date of Disbursement 08 / 15 / 2010 Amount of Each Disbursement this Period 5.94
B.	Full Name (Last, First, Middle Initial) ActBlue Technical Services Mailing Address 14 Arrow Street City Cambridge State MA Zip Code 02138 Purpose of Disbursement Fund Raising Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51336 Date of Disbursement 08 / 22 / 2010 Amount of Each Disbursement this Period 48.55
C.	Full Name (Last, First, Middle Initial) ActBlue Technical Services Mailing Address 14 Arrow Street City Cambridge State MA Zip Code 02138 Purpose of Disbursement Fund Raising Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51337 Date of Disbursement 08 / 25 / 2010 Amount of Each Disbursement this Period 44.25

SUBTOTAL of Disbursements This Page (optional)	98.74
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Margaret Baltimore	Transaction ID: SB17.51277 Date of Disbursement 07 / 20 / 2010
	Mailing Address 11512 Marjorie Drive	Amount of Each Disbursement this Period 271.28
	City Bowie State MD Zip Code 20721	
	Purpose of Disbursement Cake & Decorations - Campaign Event	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
B.	Full Name (Last, First, Middle Initial) BB&T Merchant Services	Transaction ID: SB17.51250 Date of Disbursement 07 / 02 / 2010
	Mailing Address P.O. Box 200	Amount of Each Disbursement this Period 37.45
	City Wilson State NC Zip Code 27894-0200	
	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
C.	Full Name (Last, First, Middle Initial) BB&T Merchant Services	Transaction ID: SB17.51254 Date of Disbursement 07 / 06 / 2010
	Mailing Address P.O. Box 200	Amount of Each Disbursement this Period 5.95
	City Wilson State NC Zip Code 27894-0200	
	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

314.68

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51255 Date of Disbursement 07 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 7.95
B.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51269 Date of Disbursement 07 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 20.00
C.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51280 Date of Disbursement 07 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 5.50

SUBTOTAL of Disbursements This Page (optional) ▶

33.45

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51298 Date of Disbursement MM / DD / YYYY 08 / 02 / 2010
	Amount of Each Disbursement this Period 37.45
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51300 Date of Disbursement MM / DD / YYYY 08 / 03 / 2010
	Amount of Each Disbursement this Period 7.95
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51301 Date of Disbursement MM / DD / YYYY 08 / 03 / 2010
	Amount of Each Disbursement this Period 7.95
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	53.35
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51314 Date of Disbursement 08 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 20.00
B.	Full Name (Last, First, Middle Initial) BB&T Merchant Services <hr/> Mailing Address P.O. Box 200 <hr/> City Wilson State NC Zip Code 27894-0200 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51322 Date of Disbursement 08 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 15.00
C.	Full Name (Last, First, Middle Initial) Bistro Bis <hr/> Mailing Address 15 E Street NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Catering Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51291 Date of Disbursement 07 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 540.70

SUBTOTAL of Disbursements This Page (optional) ▶

575.70

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Bond 45 Mailing Address 149 Waterfront Street City National Harbor State MD Zip Code 20745 Purpose of Disbursement Catering Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51292 Date of Disbursement 07 / 29 / 2010 Amount of Each Disbursement this Period 237.36
B.	Full Name (Last, First, Middle Initial) Bond 45 Mailing Address 149 Waterfront Street City National Harbor State MD Zip Code 20745 Purpose of Disbursement Catering Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51293 Date of Disbursement 07 / 29 / 2010 Amount of Each Disbursement this Period 1057.16
C.	Full Name (Last, First, Middle Initial) Campaign for America's Future Mailing Address 1825 K Street NW Suite 400 City Washington State DC Zip Code 20006 Purpose of Disbursement Event Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51308 Date of Disbursement 08 / 06 / 2010 Amount of Each Disbursement this Period 800.00

SUBTOTAL of Disbursements This Page (optional) ▶

2094.52

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Capt. Jerry's</p> <p>Mailing Address 4121 Primrose Avenue</p> <p>City Baltimore State MD Zip Code 21215</p> <p>Purpose of Disbursement T-shirts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51320</p> <p>Date of Disbursement 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1039.11</p>
<p>B. Full Name (Last, First, Middle Initial) Capt. Jerry's</p> <p>Mailing Address 4121 Primrose Avenue</p> <p>City Baltimore State MD Zip Code 21215</p> <p>Purpose of Disbursement Shipping Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51328</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 30.05</p>
<p>C. Full Name (Last, First, Middle Initial) Carey International, Inc.</p> <p>Mailing Address 4530 Wisconsin Avenue NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Travel - Ground Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51289</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 102.86</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1172.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Carey International, Inc. Mailing Address 4530 Wisconsin Avenue NW City Washington State DC Zip Code 20016 Purpose of Disbursement Travel - Ground Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51290 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 187.11
B.	Full Name (Last, First, Middle Initial) Carey International, Inc. Mailing Address 4530 Wisconsin Avenue NW City Washington State DC Zip Code 20016 Purpose of Disbursement Travel - Ground Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51294 Date of Disbursement 07 / 29 / 2010 Amount of Each Disbursement this Period 323.35
C.	Full Name (Last, First, Middle Initial) Carey International, Inc. Mailing Address 4530 Wisconsin Avenue NW City Washington State DC Zip Code 20016 Purpose of Disbursement Travel - Ground Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51295 Date of Disbursement 07 / 30 / 2010 Amount of Each Disbursement this Period 87.86

SUBTOTAL of Disbursements This Page (optional) ▶

598.32

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)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Carey International, Inc.</p> <p>Mailing Address 4530 Wisconsin Avenue NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Travel - Ground Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51296</p> <p>Date of Disbursement 07 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 187.11</p>
<p>B. Full Name (Last, First, Middle Initial) Adrienne Christian</p> <p>Mailing Address 511 Four Mile Road</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Consulting Services - Campaign Mgmt</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51249</p> <p>Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 833.00</p>
<p>C. Full Name (Last, First, Middle Initial) Adrienne Christian</p> <p>Mailing Address 511 Four Mile Road</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Consulting Services - Campaign Mgmt</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51311</p> <p>Date of Disbursement 08 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1666.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2686.11

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Community Services Agency

Transaction ID: SB17.51264
Date of Disbursement

Mailing Address 204 Stierlin Road

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	0

City State Zip Code
Mountain View CA 94043

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Event Tickets

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Constant Contact

Transaction ID: SB17.51256
Date of Disbursement

Mailing Address 1601 Trapelo Road
Suite 329

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

City State Zip Code
Waltham MA 02451

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement
Email Marketing and Survey Tools

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Constant Contact

Transaction ID: SB17.51302
Date of Disbursement

Mailing Address 1601 Trapelo Road
Suite 329

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

City State Zip Code
Waltham MA 02451

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement
Email Marketing and Survey Tools

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

650.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Delta Air Lines, Inc. <hr/> Mailing Address 1030 Delta Boulevard <hr/> City Atlanta State GA Zip Code 30320 <hr/> Purpose of Disbursement Travel - Airfare <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51281 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 580.64
B.	Full Name (Last, First, Middle Initial) Extra Space Storage <hr/> Mailing Address 9211 Livingston Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Storage <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51272 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 183.00
C.	Full Name (Last, First, Middle Initial) Extra Space Storage <hr/> Mailing Address 9211 Livingston Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Storage <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51315 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 183.00

SUBTOTAL of Disbursements This Page (optional)	946.64
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Johnny's Half Shell

Transaction ID: SB17.51313
Date of Disbursement

Mailing Address 400 North Capitol Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	0

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

Purpose of Disbursement

50.00

Meals

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
KILPATRICK FOR UNITED STATES CONGRESS

Transaction ID: SB17.51220
Date of Disbursement

Mailing Address PO BOX 32175

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	0

City DETROIT State MI Zip Code 48232

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Campaign Contribution

--

Candidate Name
CAROLYN MS. KILPATRICK

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 13

C.

Full Name (Last, First, Middle Initial)
Lake Research Partners

Transaction ID: SB17.51306
Date of Disbursement

Mailing Address 1726 M Street NW
Suite 500

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

Purpose of Disbursement

20560.00

Polling

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

21610.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Maryland Black Caucus Foundation</p> <p>Mailing Address 5620 Saint Barnabas Road</p> <p>City Oxon Hill State MD Zip Code 20745</p> <p>Purpose of Disbursement Sponsorship Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51252</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mid-Atlantic Real Estate Investments</p> <p>Mailing Address 9161 Liberia Avenue Suite 207</p> <p>City Manassas State VA Zip Code 20110</p> <p>Purpose of Disbursement Office Rent Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51246</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1175.18</p>
<p>C. Full Name (Last, First, Middle Initial) Mid-Atlantic Real Estate Investments</p> <p>Mailing Address 9161 Liberia Avenue Suite 207</p> <p>City Manassas State VA Zip Code 20110</p> <p>Purpose of Disbursement Office Rent Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51299</p> <p>Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1175.18</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2850.36

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) NARAL Pro-Choice Maryland Mailing Address 8121 Georgia Avenue Suite 501 City Silver Spring State MD Zip Code 20910 Purpose of Disbursement Event Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51303 Date of Disbursement 08 / 04 / 2010	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street SE City Washington State DC Zip Code 20003 Purpose of Disbursement Banquet Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51286 Date of Disbursement 07 / 23 / 2010	Amount of Each Disbursement this Period 428.33
C.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street SE City Washington State DC Zip Code 20003 Purpose of Disbursement Banquet Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51307 Date of Disbursement 08 / 05 / 2010	Amount of Each Disbursement this Period 2545.64

SUBTOTAL of Disbursements This Page (optional) ▶

3473.97

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) NGP Mailing Address 1225 Eye Street NW Suite 1225 City Washington State DC Zip Code 20005 Purpose of Disbursement Fund Raising Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51270 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) Jeremiah Pope Mailing Address 10503 Sweetbriar Parkway City Silver Spring State MD Zip Code 20903 Purpose of Disbursement Consulting Services - Fund Raising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51253 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 7042.29
C.	Full Name (Last, First, Middle Initial) Jeremiah Pope Mailing Address 10503 Sweetbriar Parkway City Silver Spring State MD Zip Code 20903 Purpose of Disbursement Consulting Services - Fund Raising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51305 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 7010.00

SUBTOTAL of Disbursements This Page (optional) ▶

15552.29

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Rio Las Vegas Hotel & Casino

Transaction ID: SB17.51283

Date of Disbursement

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

Mailing Address 3700 West Flamingo Road

Amount of Each Disbursement this Period

200.59

City Las Vegas State NV Zip Code 89103

Purpose of Disbursement
Meeting Services

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Shell

Transaction ID: SB17.51265

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	0

Mailing Address 8511 Oxon Hill Road

Amount of Each Disbursement this Period

32.51

City Fort Washington State MD Zip Code 20744

Purpose of Disbursement
Gas

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Shell

Transaction ID: SB17.51268

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	0

Mailing Address 8511 Oxon Hill Road

Amount of Each Disbursement this Period

30.77

City Fort Washington State MD Zip Code 20744

Purpose of Disbursement
Gas

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

263.87

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Shell <hr/> Mailing Address 8511 Oxon Hill Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51287 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 34.56
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Shell <hr/> Mailing Address 8511 Oxon Hill Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51309 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 28.15
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Shell <hr/> Mailing Address 8511 Oxon Hill Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Gas Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51312 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 33.21
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

95.92

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Shell Mailing Address 8511 Oxon Hill Road City Fort Washington State MD Zip Code 20744 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.51317 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 0 Amount of Each Disbursement this Period 34.17
B.	Full Name (Last, First, Middle Initial) Staples #584 Mailing Address 6139 Oxon Hill Road City Oxon Hill State MD Zip Code 20745 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.51262 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 1 0 Amount of Each Disbursement this Period 27.85
C.	Full Name (Last, First, Middle Initial) Staples #584 Mailing Address 6139 Oxon Hill Road City Oxon Hill State MD Zip Code 20745 Purpose of Disbursement Computer & Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.51278 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0 Amount of Each Disbursement this Period 2104.11

SUBTOTAL of Disbursements This Page (optional)	2166.13
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Staples #584</p> <p>Mailing Address 6139 Oxon Hill Road</p> <p>City Oxon Hill State MD Zip Code 20745</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51318</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 42.02</p>
<p>B. Full Name (Last, First, Middle Initial) Staples #584</p> <p>Mailing Address 6139 Oxon Hill Road</p> <p>City Oxon Hill State MD Zip Code 20745</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51326</p> <p>Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 236.93</p>
<p>C. Full Name (Last, First, Middle Initial) Total Save</p> <p>Mailing Address 3745 Branch Avenue</p> <p>City Temple Hills State MD Zip Code 20748</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51321</p> <p>Date of Disbursement 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 120.83</p>

SUBTOTAL of Disbursements This Page (optional) ▶

399.78

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) TruBlu Politics</p> <p>Mailing Address 15000 Pine Top Lane</p> <p>City Burtonsville State MD Zip Code 20866</p> <p>Purpose of Disbursement Campaign Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51297</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 6523.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) TruBlu Politics</p> <p>Mailing Address 15000 Pine Top Lane</p> <p>City Burtonsville State MD Zip Code 20866</p> <p>Purpose of Disbursement Campaign Literature</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51304</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 3245.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Travel - Baggage Handling Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51273</p> <p>Date of Disbursement 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9793.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Travel - Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.51274</p> <p>Date of Disbursement MM / DD / YYYY 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 888.40</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Travel - Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.51327</p> <p>Date of Disbursement MM / DD / YYYY 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 893.90</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Vdara Hotel & Spa</p> <p>Mailing Address 2600 W. Harmon Avenue</p> <p>City Las Vegas State NV Zip Code 89158</p> <p>Purpose of Disbursement Travel - Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.51261</p> <p>Date of Disbursement MM / DD / YYYY 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 180.43</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1962.73

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Vdara Hotel & Spa</p> <p>Mailing Address 2600 W. Harmon Avenue</p> <p>City Las Vegas State NV Zip Code 89158</p> <p>Purpose of Disbursement Travel - Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51288</p> <p>Date of Disbursement 07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 462.03</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 17577</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement Phones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51266</p> <p>Date of Disbursement 07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 245.95</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Daniel Weber</p> <p>Mailing Address 1356 Kenyon St. NW, #2</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Consulting Services - Communications</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51271</p> <p>Date of Disbursement 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1716.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2423.98

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Daniel Weber

Transaction ID: SB17.51319
Date of Disbursement

Mailing Address 1356 Kenyon St. NW, #2

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

City Washington State DC Zip Code 20010

Amount of Each Disbursement this Period

858.00

Purpose of Disbursement
Consulting Services - Communications

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

858.00

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

70778.64

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Estelle Rogers

Nature of Debt (Purpose):
Legal Services

Mailing Address 3252 S Street NW

City	State	ZIP Code
Washington	DC	20007

Outstanding Balance Beginning This Period

10020.00

Transaction ID: SD10.37255

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10020.00

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