

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Van Hollen for Congress

ADDRESS (number and street)

10537 St. Paul St.

Check if different than previously reported. (ACC)

Kensington

MD

20895

2. FEC IDENTIFICATION NUMBER ▼

C C00366096

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MD

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Jennifer Lewis Smith

Signature of Treasurer Jennifer Lewis Smith

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Van Hollen 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))....	71600.00	267740.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	71600.00	267190.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	62083.28	365144.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	1495.90	2020.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	60587.38	363123.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1743560.40	
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).....	2209.56	

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

Van Hollen for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2500.00	62100.00
(ii) Unitemized.....	1100.00	4640.00
(iii) TOTAL of contributions from individuals ▶	3600.00	66740.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	68000.00	201000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	71600.00	267740.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	49676.31
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.)	1495.90	2020.90
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	1416.70	4384.44
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	74512.60	323821.65

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	62083.28	365144.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	300000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	550.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	62083.28	665694.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1731131.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	74512.60
25. SUBTOTAL (add Line 23 and Line 24).....	1805643.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	62083.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1743560.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
santi km bhagat

Mailing Address 9451 River Rd

City Potomac State MD Zip Code 20854-4633

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

Name of Employer tristar technology group Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2013

Transaction ID : C9041797

Amount of Each Receipt this Period
 500.00

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

Mailing Address 9608 Bruce dr

City Silver spring State MD Zip Code 20901-3228

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

Name of Employer JMD Associates Inc Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : C9041534

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 5133 Westbard Ave

City Bethesda State MD Zip Code 20816-1413

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2013

Transaction ID : C9056475

Amount of Each Receipt this Period
 500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 6 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
Angus Worthing

Mailing Address 5025 Sherier Pl., N.W.

City Washington State DC Zip Code 20016-3327

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

Name of Employer Arthritis & Rheumatism Associates Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2013

Transaction ID : C9050455

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

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

Mailing Address 25 Mass Ave NW
Ste 700

City Washington State DC Zip Code 20001-7401

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9064505

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
ACSPA - Surgeons PAC

Mailing Address 20 F Street NW
Suite 1000

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9064730

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1111 N Charles St
MS #17

City Baltimore State MD Zip Code 21201-5505

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2013

Transaction ID : C9056494

Amount of Each Receipt this Period
 1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
Allstate Ins. Co. PAC

Mailing Address 2775 Sanders Rd
Suite A2W

City Northbrook State IL Zip Code 60062-6110

FEC ID number of contributing federal political committee. **C** C00040253

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2013

Transaction ID : C9042439

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Amer. College of Cardiology PAC

Mailing Address 2400 N St NW

City Washington State DC Zip Code 20037-1153

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9064731

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 1111 14th St NW
Ste 1100

City Washington State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9064729

Amount of Each Receipt this Period
 1500.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
American Soc. Of Anesthesiologists PAC

Mailing Address 520 N Northwest Hwy

City Park Ridge State IL Zip Code 60068-2538

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9064728

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Bank of America Corporation Federal PAC

Mailing Address 1455 Pennsylvania Avenue, NW Suite

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00043489**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2013

Transaction ID : C9042447

Amount of Each Receipt this Period
 2500.00

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

Mailing Address PO Box 961039

City Fort Worth State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2013

Transaction ID : C9042443

Amount of Each Receipt this Period
 2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
BrainPAC

Mailing Address 1080 Montreal Ave

City Saint Paul State MN Zip Code 55116-2311

FEC ID number of contributing federal political committee. **C** C00435933

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9064514

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Carpenters' Leg. Improvement Cmte.

Mailing Address 101 Constitution Ave NW

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9064503

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Clear Channel Communications, Inc. PAC

Mailing Address 200 E Basse Rd

City San Antonio State TX Zip Code 78209-8328

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 02 / 2013

Transaction ID : C9042449

Amount of Each Receipt this Period
 1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
CSX Corporation Good Govt. Fund

Mailing Address 1331 Pennsylvania Ave NW
Ste. 560, Natl. Place

City Washington State DC Zip Code 20004-1710

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 02 / 2013

Transaction ID : C9042450

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 50 F STREET NW
SUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9064499

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
General Electric Co. PAC

Mailing Address 1299 Pennsylvania Ave NW, Suite 90

City Washington State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 22 / 2013

Transaction ID : C8973408

Amount of Each Receipt this Period
 2000.00

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

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

9000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

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

Mailing Address **201 JONES ROAD**

City **WALTHAM** State **MA** Zip Code **02451**

FEC ID number of contributing federal political committee. **C C00213348**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 02 / 2013

Transaction ID : C9042445

Amount of Each Receipt this Period

1000.00

_____ **1000.00**

B. Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Mailing Address **1401 H St NW**

City **Washington** State **DC** Zip Code **20005-2110**

FEC ID number of contributing federal political committee. **C C00105981**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 02 / 2013

Transaction ID : C9042441

Amount of Each Receipt this Period

1000.00

_____ **1000.00**

C. Full Name (Last, First, Middle Initial)
National Association of Real Estate Investment Trusts, Inc. PAC

Mailing Address **1875 I Street NW
Suite 600**

City **Washington** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : C9064493

Amount of Each Receipt this Period

2500.00

_____ **2500.00**

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

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

_____ **4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
Norfolk Southern Corporation Good Government Fund

Mailing Address ThreeCommercial PI

City Norfolk State VA Zip Code 23510-2108

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 02 / 2013

Transaction ID : C9042446

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
OB-GYN PAC

Mailing Address PO Box 23498

City Washington State DC Zip Code 20026-3498

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9068970

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 1101 Vermont Ave NW Ste 700

City Washington State DC Zip Code 20005-3526

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9064497

Amount of Each Receipt this Period
 1000.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 14 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

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

Mailing Address 2001 Pennsylvania Ave NW
Ste 650

City Washington State DC Zip Code 20006-1883

FEC ID number of contributing federal political committee. **C** C00339085

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : C9068973

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1891 Preston White Dr

City Reston State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : C9064510

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1891 Preston White Dr

City Reston State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : C9064512

Amount of Each Receipt this Period
1500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
RAILPAC

Mailing Address 50 F St NW

City Washington State DC Zip Code 20001-1523

FEC ID number of contributing federal political committee. **C C00280743**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 02 / 2013

Transaction ID : C9042444

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 02 / 2013

Transaction ID : C9042438

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2200 Lake Blvd NE

City Atlanta State GA Zip Code 30319-5310

FEC ID number of contributing federal political committee. **C C00432823**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9068977

Amount of Each Receipt this Period
 2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

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

Mailing Address 7075 Veterans Blvd
Burr Ridge

City State Zip Code
Willowbrook IL 60527-5614

FEC ID number of contributing federal political committee. **C** C00349225

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 29 / 2013

Transaction ID : C9030814

Amount of Each Receipt this Period
1000.00

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

Mailing Address 7075 Veterans Blvd
Burr Ridge

City State Zip Code
Willowbrook IL 60527-5614

FEC ID number of contributing federal political committee. **C** C00349225

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2013

Transaction ID : C9056495

Amount of Each Receipt this Period
1000.00

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

Mailing Address 12502 Sunrise Valley Drive

City State Zip Code
Reston VA 20196

FEC ID number of contributing federal political committee. **C** C00392852

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : C9064732

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
The Goldman Sachs Group, Inc. PAC

Mailing Address 101 Constitution Ave NW
EAST

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2013

Transaction ID : C9068972

Amount of Each Receipt this Period
2000.00

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

Mailing Address 317 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2013

Transaction ID : C9042440

Amount of Each Receipt this Period
2500.00

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

Mailing Address 317 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2013

Transaction ID : C9064506

Amount of Each Receipt this Period
1500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

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

Mailing Address 317 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : C9064507

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
The PAC for CTIA-The Wireless Assn.

Mailing Address 1400 16th St NW Ste 600

City Washington State DC Zip Code 20036-2225

FEC ID number of contributing federal political committee. **C C00262295**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : C9064733

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
The Society of Thoracic Surgeons PAC

Mailing Address 1025 Conn Ave NW Ste 1104

City Washington State DC Zip Code 20036-5448

FEC ID number of contributing federal political committee. **C C00325936**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : C9064498

Amount of Each Receipt this Period
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
Union Pacific Corporation Fund for Effective Govt.

Mailing Address 600 13th St NW
Ste 340

City Washington State DC Zip Code 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 02 / 2013

Transaction ID : C9042448

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Washington Gas Light Co. PAC

Mailing Address 101 Constitution Ave NW
FI 3

City Washington State DC Zip Code 20080-0001

FEC ID number of contributing federal political committee. **C** C00102152

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 01 / 2013

Transaction ID : C9056493

Amount of Each Receipt this Period
 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5000.00

68000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
Erie Insurance

Mailing Address 100 Erie Insurance Pl

City Erie State PA Zip Code 16530-9000

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **573.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2013

Transaction ID : C9056496

Amount of Each Receipt this Period
 48.00

B. Full Name (Last, First, Middle Initial)
Internal Revenue Service

Mailing Address

City Ogden State UT Zip Code 84201

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.69**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9064749

Amount of Each Receipt this Period
 1250.69

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1298.69

1298.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

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

Mailing Address 7815 Woodmont Ave

City State Zip Code
Bethesda MD 20814-3007

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3150.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : C9071833

Amount of Each Receipt this Period
245.33

B. Full Name (Last, First, Middle Initial)
Eagle Bank

Mailing Address 7815 Woodmont Ave

City State Zip Code
Bethesda MD 20814-3007

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3150.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : C9071834

Amount of Each Receipt this Period
253.60

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

Mailing Address 7815 Woodmont Ave

City State Zip Code
Bethesda MD 20814-3007

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3150.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2013

Transaction ID : C9071835

Amount of Each Receipt this Period
253.69

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

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

752.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Eagle Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address 7815 Woodmont Ave
 City Bethesda State MD Zip Code 20814-3007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C9071836
 Amount of Each Receipt this Period
 245.58
 3150.62

B. M & T Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address 10420 Montgomery Ave
 City Kensington State MD Zip Code 20895-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : C9071837
 Amount of Each Receipt this Period
 102.89
 1233.82

C. M & T Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address 10420 Montgomery Ave
 City Kensington State MD Zip Code 20895-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C9071838
 Amount of Each Receipt this Period
 106.34
 1233.82

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

454.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Full Name (Last, First, Middle Initial)
M & T Bank

Mailing Address 10420 Montgomery Ave

City Kensington State MD Zip Code 20895-3329

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1233.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2013

Transaction ID : C9071839

Amount of Each Receipt this Period
106.34

B. Full Name (Last, First, Middle Initial)
M & T Bank

Mailing Address 10420 Montgomery Ave

City Kensington State MD Zip Code 20895-3329

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1233.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C9071840

Amount of Each Receipt this Period
102.93

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

209.27

1416.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. American Express2		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 16.40 Transaction ID : D520026
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement fees for online contributions	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Express2		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2013
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 0.82 Transaction ID : D520044
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement fee for online contributions	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Benjamin Barillas		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2013
Mailing Address 11301 Norris Dr.		Amount of Each Disbursement this Period 492.16 Transaction ID : D519990
City Silver Spring	State MD	
Zip Code 20902	Purpose of Disbursement management services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	509.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Care First		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address 840 1st Street, NE		Amount of Each Disbursement this Period 3036.00
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement health insurance	Transaction ID : D520045
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Concord BT, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2013
Mailing Address 10605 Concord St c/o Atlantic Real Estate Grp		Amount of Each Disbursement this Period 1535.31
City Kensington	State MD	
Zip Code 20895-2502	Purpose of Disbursement office rent	Transaction ID : D520036
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Concord BT, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 10605 Concord St c/o Atlantic Real Estate Grp		Amount of Each Disbursement this Period 1535.31
City Kensington	State MD	
Zip Code 20895-2502	Purpose of Disbursement Office rent	Transaction ID : D520053
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6106.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Concord BT, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 10605 Concord St c/o Atlantic Real Estate Grp		Amount of Each Disbursement this Period 1535.31 Transaction ID : D519998
City Kensington State MD Zip Code 20895-2502	Purpose of Disbursement Office Rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Davis & Harman LLP		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2013
Mailing Address 1455 Pennsylvania Ave NW The Willard		Amount of Each Disbursement this Period 500.00 Transaction ID : D520022
City Washington State DC Zip Code 20004-1034	Purpose of Disbursement room fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Erie Insurance		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address 100 Erie Insurance Pl		Amount of Each Disbursement this Period 299.00 Transaction ID : D520046
City Erie State PA Zip Code 16530-9000	Purpose of Disbursement Insurance Premium	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2334.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Frederick Co. DCC		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2013
Mailing Address PO Box 714 c/o Candy Greenway		Amount of Each Disbursement this Period 500.00 Transaction ID : D520043
City Frederick State MD Zip Code 21705-0714	Purpose of Disbursement sponsorship	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Samantha A Gross		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2013
Mailing Address 1685 Crescent Pl., N.W.		Amount of Each Disbursement this Period 2798.28 Transaction ID : D520049
City Washington State DC Zip Code 20009-4075	Purpose of Disbursement Fundraising Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Samantha A Gross		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 1685 Crescent Pl., N.W.		Amount of Each Disbursement this Period 2798.29 Transaction ID : D520037
City Washington State DC Zip Code 20009-4075	Purpose of Disbursement fundraising services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6096.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

A. Samantha A Gross

Full Name (Last, First, Middle Initial)
Samantha A Gross

Mailing Address 1685 Crescent Pl., N.W.

City Washington State DC Zip Code 20009-4075

Purpose of Disbursement fundraising services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 15 / 2013

Amount of Each Disbursement this Period: 2798.27

Transaction ID : D520028

B. Samantha A Gross

Full Name (Last, First, Middle Initial)
Samantha A Gross

Mailing Address 1685 Crescent Pl., N.W.

City Washington State DC Zip Code 20009-4075

Purpose of Disbursement fundraising services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 31 / 2013

Amount of Each Disbursement this Period: 2798.28

Transaction ID : D520023

C. Samantha A Gross

Full Name (Last, First, Middle Initial)
Samantha A Gross

Mailing Address 1685 Crescent Pl., N.W.

City Washington State DC Zip Code 20009-4075

Purpose of Disbursement fundraising services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 15 / 2013

Amount of Each Disbursement this Period: 2798.28

Transaction ID : D519991

SUBTOTAL of Disbursements This Page (optional) 8394.83

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Samantha A Gross		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1685 Crescent Pl., N.W.		Amount of Each Disbursement this Period 2798.28
City Washington	State DC	
Zip Code 20009-4075	Purpose of Disbursement fundraising services	Transaction ID : D520081
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Maryland Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2013
Mailing Address 33 West St Ste 200		Amount of Each Disbursement this Period 5000.00
City Annapolis	State MD	
Zip Code 21401-2420	Purpose of Disbursement sponsorship	Transaction ID : D520041
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NARAL Maryland		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2013
Mailing Address 1320 Fenwick Ln Ste 301		Amount of Each Disbursement this Period 500.00
City Silver Spring	State MD	
Zip Code 20910-3565	Purpose of Disbursement sponsorship	Transaction ID : D520042
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8298.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. New Age Graphics		Date of Disbursement MM / DD / YYYY 08 / 04 / 2013
Mailing Address 11811 Ivanhoe St		Amount of Each Disbursement this Period 228.96 Transaction ID : D520040
City Silver Spring	State MD	
Zip Code 20902-2051	Purpose of Disbursement graphics	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. New Age Graphics		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 11811 Ivanhoe St		Amount of Each Disbursement this Period 30.00 Transaction ID : D520079
City Silver Spring	State MD	
Zip Code 20902-2051	Purpose of Disbursement graphics	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Payroll Network		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 4940 Nicholson Ct		Amount of Each Disbursement this Period 1911.17 Transaction ID : D520082
City Kensington	State MD	
Zip Code 20895-1051	Purpose of Disbursement payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2170.13
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)	PAGE 31 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Payroll Network		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		30		2013
M M	/	D D	/	Y Y Y Y								
09		30		2013								
Mailing Address 4940 Nicholson Ct		Amount of Each Disbursement this Period										
City	State											
Kensington	MD	<table border="1"> <tr> <td colspan="5">35.04</td> </tr> </table>	35.04									
35.04												
Zip Code	20895-1051	Transaction ID : D520083										
Purpose of Disbursement	Category/Type											
fee for payroll services												
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Payroll Network		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>15</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		15		2013
M M	/	D D	/	Y Y Y Y								
08		15		2013								
Mailing Address 4940 Nicholson Ct		Amount of Each Disbursement this Period										
City	State											
Kensington	MD	<table border="1"> <tr> <td colspan="5">34.58</td> </tr> </table>	34.58									
34.58												
Zip Code	20895-1051	Transaction ID : D520029										
Purpose of Disbursement	Category/Type											
fee for payroll services												
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Payroll Network		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>15</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		15		2013
M M	/	D D	/	Y Y Y Y								
08		15		2013								
Mailing Address 4940 Nicholson Ct		Amount of Each Disbursement this Period										
City	State											
Kensington	MD	<table border="1"> <tr> <td colspan="5">1911.18</td> </tr> </table>	1911.18									
1911.18												
Zip Code	20895-1051	Transaction ID : D520030										
Purpose of Disbursement	Category/Type											
payroll taxes												
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td colspan="5">1980.80</td> </tr> </table>	1980.80				
1980.80						
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial)
A. Payroll Network

Mailing Address 4940 Nicholson Ct

City Kensington State MD Zip Code 20895-1051

Purpose of Disbursement fee for payroll services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 08 / 31 / 2013

Amount of Each Disbursement this Period 34.58

Transaction ID : D520038

Full Name (Last, First, Middle Initial)
B. Payroll Network

Mailing Address 4940 Nicholson Ct

City Kensington State MD Zip Code 20895-1051

Purpose of Disbursement payroll taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 08 / 31 / 2013

Amount of Each Disbursement this Period 1911.14

Transaction ID : D520039

Full Name (Last, First, Middle Initial)
c. Payroll Network

Mailing Address 4940 Nicholson Ct

City Kensington State MD Zip Code 20895-1051

Purpose of Disbursement fee for payroll services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 09 / 15 / 2013

Amount of Each Disbursement this Period 35.04

Transaction ID : D520050

SUBTOTAL of Disbursements This Page (optional)..... 1980.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Payroll Network		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>15</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		15		2013
M M	/	D D	/	Y Y Y Y								
09		15		2013								
Mailing Address 4940 Nicholson Ct		Amount of Each Disbursement this Period										
City Kensington	State MD Zip Code 20895-1051											
Purpose of Disbursement payroll taxes	Category/Type	<table border="1"> <tr> <td>1911.16</td> </tr> </table>	1911.16									
1911.16												
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D520051										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Payroll Network		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>15</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		15		2013
M M	/	D D	/	Y Y Y Y								
07		15		2013								
Mailing Address 4940 Nicholson Ct		Amount of Each Disbursement this Period										
City Kensington	State MD Zip Code 20895-1051											
Purpose of Disbursement fee for payroll services	Category/Type	<table border="1"> <tr> <td>166.07</td> </tr> </table>	166.07									
166.07												
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D519992										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Payroll Network		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>15</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		15		2013
M M	/	D D	/	Y Y Y Y								
07		15		2013								
Mailing Address 4940 Nicholson Ct		Amount of Each Disbursement this Period										
City Kensington	State MD Zip Code 20895-1051											
Purpose of Disbursement payroll taxes	Category/Type	<table border="1"> <tr> <td>2070.75</td> </tr> </table>	2070.75									
2070.75												
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D519993										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>4147.98</td> </tr> </table>	4147.98
4147.98		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial)
A. Payroll Network

Mailing Address 4940 Nicholson Ct

City Kensington State MD Zip Code 20895-1051

Purpose of Disbursement payroll taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 07 / 31 / 2013

Amount of Each Disbursement this Period: 1911.16

Transaction ID : D520024

Full Name (Last, First, Middle Initial)
B. Payroll Network

Mailing Address 4940 Nicholson Ct

City Kensington State MD Zip Code 20895-1051

Purpose of Disbursement fee for payroll services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 07 / 31 / 2013

Amount of Each Disbursement this Period: 34.58

Transaction ID : D520025

Full Name (Last, First, Middle Initial)
c. Romanoff for Congress

Mailing Address PO Box 783

City Aurora State CO Zip Code 80040

Purpose of Disbursement Contribution

Candidate Name **Andrew Romanoff**

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: CO District: 06

Date of Disbursement: 09 / 30 / 2013

Amount of Each Disbursement this Period: 1000.00

Transaction ID : D520080

SUBTOTAL of Disbursements This Page (optional) 2945.74

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)	PAGE 35 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Ben Joshua Shlesinger		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address 5750 Bou Ave Unit 1604		Amount of Each Disbursement this Period 312.63 Transaction ID : D519995
City Rockville	State MD Zip Code 20852-5629	
Purpose of Disbursement mileage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Suntrust Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 329.73 Transaction ID : D519989
City Hagerstown	State MD Zip Code 21741-6600	
Purpose of Disbursement fees for online contributions	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Suntrust Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2013
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 67.97 Transaction ID : D520027
City Hagerstown	State MD Zip Code 21741-6600	
Purpose of Disbursement fees for online contributions	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	710.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Suntrust Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 166.99
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement fee for online contributions	Transaction ID : D520084
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Techplumber		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2013
Mailing Address PO Box 837		Amount of Each Disbursement this Period 125.00
City McLean	State VA	
Zip Code 22101-0837	Purpose of Disbursement computer services	Transaction ID : D520031
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Techplumber		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address PO Box 837		Amount of Each Disbursement this Period 1375.00
City McLean	State VA	
Zip Code 22101-0837	Purpose of Disbursement computer services	Transaction ID : D519996
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1666.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address PO Box 1915		Amount of Each Disbursement this Period 514.93 Transaction ID : D519994
City Beltsville	State MD	
Zip Code 20704-1915	Purpose of Disbursement office phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Verizon		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2013
Mailing Address PO Box 1915		Amount of Each Disbursement this Period 528.26 Transaction ID : D520032
City Beltsville	State MD	
Zip Code 20704-1915	Purpose of Disbursement office phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Verizon		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address PO Box 1915		Amount of Each Disbursement this Period 514.26 Transaction ID : D520052
City Beltsville	State MD	
Zip Code 20704-1915	Purpose of Disbursement office phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1557.45
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)	PAGE 38 OF 55		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Washington Jewish Week		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2013
Mailing Address 1500 E Jefferson St		Amount of Each Disbursement this Period 855.00 Transaction ID : D520035
City Rockville State MD Zip Code 20852-1501	Purpose of Disbursement advertisement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Xerox		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013
Mailing Address PO Box 827181		Amount of Each Disbursement this Period 32.28 Transaction ID : D520033
City Philadelphia State PA Zip Code 19182-7181	Purpose of Disbursement copier	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Xerox		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address PO Box 827181		Amount of Each Disbursement this Period 132.28 Transaction ID : D519997
City Philadelphia State PA Zip Code 19182-7181	Purpose of Disbursement copier	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1019.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Xerox		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address PO Box 827181		Amount of Each Disbursement this Period 32.28
City Philadelphia	State PA	
Zip Code 19182-7181	Purpose of Disbursement copier	Transaction ID : D520078
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 8386.49
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement reimbursements	Transaction ID : D520021
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. American Self Storage		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 3700 Plyers Mill Rd		Amount of Each Disbursement this Period 307.50
City Kensington	State MD	
Zip Code 20895-2522	Purpose of Disbursement storage	Transaction ID : D520000
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8418.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. American Self Storage		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 3700 Plyers Mill Rd		Amount of Each Disbursement this Period 176.50
City Kensington	State MD	
Zip Code 20895-2522	Purpose of Disbursement storage	Transaction ID : D520007
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 60 Massachusetts Ave NE Union Station		Amount of Each Disbursement this Period 423.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement train fare	Transaction ID : D520001
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 60 Massachusetts Ave NE Union Station		Amount of Each Disbursement this Period 25.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement train fare	Transaction ID : D520002
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Cairo Wine & Liquor			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 1618 17th Street NW			Amount of Each Disbursement this Period 216.94
City Washington	State DC	Zip Code 20009	
Purpose of Disbursement catering		Category/ Type	Transaction ID : D520006 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Carey International			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 5300 Spectrum Dr Ste D			Amount of Each Disbursement this Period 578.39
City Frederick	State MD	Zip Code 21703-7324	
Purpose of Disbursement transportation expense		Category/ Type	Transaction ID : D520020 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Charlie Palmer Steak House			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 10 Constitution Ave., N.W.			Amount of Each Disbursement this Period 749.00
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement catering expense		Category/ Type	Transaction ID : D519999 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Deer Park Water		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 6661 Dixie Hwy 4		Amount of Each Disbursement this Period 50.47
City Louisville	State KY Zip Code 40258-3950	
Purpose of Disbursement water cooler	Candidate Name	Transaction ID : D520015
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Host Account		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 13461 Sunrise Valley Dr Ste 300		Amount of Each Disbursement this Period 1.60
City Herndon	State VA Zip Code 20171-3294	
Purpose of Disbursement email services	Candidate Name	Transaction ID : D520004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Host Account		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 13461 Sunrise Valley Dr Ste 300		Amount of Each Disbursement this Period 0.21
City Herndon	State VA Zip Code 20171-3294	
Purpose of Disbursement email services	Candidate Name	Transaction ID : D520005
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Host Account		M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 13461 Sunrise Valley Dr Ste 300		Amount of Each Disbursement this Period
City Herndon State VA Zip Code 20171-3294		242.35
Purpose of Disbursement email services		Transaction ID : D520008
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Hostway.com		M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address PO Box 7044		Amount of Each Disbursement this Period
City Romeoville State IL Zip Code 60446-0944		59.95
Purpose of Disbursement computer services		Transaction ID : D520016
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Liberty Concepts		M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 119 Braintree St c/o Jonathan Karush		Amount of Each Disbursement this Period
City Allston State MA Zip Code 02134-1641		200.00
Purpose of Disbursement computer services		Transaction ID : D520013
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. NGP Van, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 1101 Vermont Ave NW Ste 710		Amount of Each Disbursement this Period 1950.00
City Washington	State DC	
Zip Code 20005-3521	Purpose of Disbursement computer services	Transaction ID : D520011
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Simplicity		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 507 23rd St S		Amount of Each Disbursement this Period 819.39
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement catering for event	Transaction ID : D520018
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Simplicity		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 507 23rd St S		Amount of Each Disbursement this Period 82.50
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement catering for event	Transaction ID : D520019
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Staples, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address PO Box 9255		Amount of Each Disbursement this Period 555.12
City Framingham	State MA	
Zip Code 01701-9255	Purpose of Disbursement office supplies	Transaction ID : D520014 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address PO Box 9255		Amount of Each Disbursement this Period 459.31
City Framingham	State MA	
Zip Code 01701-9255	Purpose of Disbursement office supplies	Transaction ID : D520009 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address PO Box 9255		Amount of Each Disbursement this Period 1164.63
City Framingham	State MA	
Zip Code 01701-9255	Purpose of Disbursement office supplies	Transaction ID : D520010 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 7600 Montpelier Rd		Amount of Each Disbursement this Period 171.92
City Laurel	State MD	
Zip Code 20723-6000	Purpose of Disbursement mobile phone	Transaction ID : D520017
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Washington Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2013
Mailing Address 12240 Indian Creek Ct Ste 100		Amount of Each Disbursement this Period 28.70
City Beltsville	State MD	
Zip Code 20705-1242	Purpose of Disbursement messengers	Transaction ID : D520012
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Samantha A Gross		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address 1685 Crescent Pl., N.W.		Amount of Each Disbursement this Period 186.00
City Washington	State DC	
Zip Code 20009-4075	Purpose of Disbursement reimbursement	Transaction ID : D520048
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	186.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. House Office Supply		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address 217 C/O Longworth Hob # B		Amount of Each Disbursement this Period 186.00
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement flags	Transaction ID : D520047
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 1245.41
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement reimbursements	Transaction ID : D520062
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Self Storage		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 3700 Plyers Mill Rd		Amount of Each Disbursement this Period 307.50
City Kensington	State MD	
Zip Code 20895-2522	Purpose of Disbursement storage	Transaction ID : D520054
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1245.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. American Self Storage			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 3700 Plyers Mill Rd			Amount of Each Disbursement this Period 176.50
City Kensington	State MD	Zip Code 20895-2522	
Purpose of Disbursement storage		Category/ Type	Transaction ID : D520055 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Deer Park Water			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 6661 Dixie Hwy 4			Amount of Each Disbursement this Period 53.46
City Louisville	State KY	Zip Code 40258-3950	
Purpose of Disbursement water cooler		Category/ Type	Transaction ID : D520060 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Host Account			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 13461 Sunrise Valley Dr Ste 300			Amount of Each Disbursement this Period 246.35
City Herndon	State VA	Zip Code 20171-3294	
Purpose of Disbursement email services		Category/ Type	Transaction ID : D520056 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address PO Box 7044		Amount of Each Disbursement this Period 59.95
City Romeoville	State IL	
Zip Code 60446-0944	Purpose of Disbursement computer services	Transaction ID : D520059
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Liberty Concepts		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 119 Braintree St c/o Jonathan Karush		Amount of Each Disbursement this Period 200.00
City Allston	State MA	
Zip Code 02134-1641	Purpose of Disbursement website services	Transaction ID : D520057
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 7600 Montpelier Rd		Amount of Each Disbursement this Period 169.97
City Laurel	State MD	
Zip Code 20723-6000	Purpose of Disbursement mobile phone	Transaction ID : D520058
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Washington Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 12240 Indian Creek Ct Ste 100		Amount of Each Disbursement this Period 31.68
City Beltsville	State MD	
Zip Code 20705-1242	Purpose of Disbursement messengers	Transaction ID : D520061
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 2046.77
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement reimbursements	Transaction ID : D520077
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. American Self Storage		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 3700 Plyers Mill Rd		Amount of Each Disbursement this Period 176.50
City Kensington	State MD	
Zip Code 20895-2522	Purpose of Disbursement storage	Transaction ID : D520068
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2046.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. American Self Storage		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 3700 Plyers Mill Rd		Amount of Each Disbursement this Period 307.50
City Kensington	State MD	
Zip Code 20895-2522	Purpose of Disbursement storage	Transaction ID : D520066
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address PO Box 36520		Amount of Each Disbursement this Period 6.83
City Louisville	State KY	
Zip Code 40233-6520	Purpose of Disbursement fee	Transaction ID : D520076
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Deer Park Water		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 6661 Dixie Hwy 4		Amount of Each Disbursement this Period 43.46
City Louisville	State KY	
Zip Code 40258-3950	Purpose of Disbursement water cooler	Transaction ID : D520071
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Host Account		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 13461 Sunrise Valley Dr Ste 300		Amount of Each Disbursement this Period 242.35
City Herndon	State VA Zip Code 20171-3294	
Purpose of Disbursement email services		Transaction ID : D520069
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Host Account		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 13461 Sunrise Valley Dr Ste 300		Amount of Each Disbursement this Period 300.00
City Herndon	State VA Zip Code 20171-3294	
Purpose of Disbursement email services		Transaction ID : D520067
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address PO Box 7044		Amount of Each Disbursement this Period 59.95
City Romeoville	State IL Zip Code 60446-0944	
Purpose of Disbursement computer services		Transaction ID : D520074
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Liberty Concepts		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 119 Braintree St c/o Jonathan Karush		Amount of Each Disbursement this Period 200.00
City Allston State MA Zip Code 02134-1641	Purpose of Disbursement website services	
Candidate Name	Category/Type	Transaction ID : D520072
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address PO Box 9255		Amount of Each Disbursement this Period 360.36
City Framingham State MA Zip Code 01701-9255	Purpose of Disbursement office supplies	
Candidate Name	Category/Type	Transaction ID : D520070
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 7600 Montpelier Rd		Amount of Each Disbursement this Period 183.54
City Laurel State MD Zip Code 20723-6000	Purpose of Disbursement mobile phone	
Candidate Name	Category/Type	Transaction ID : D520073
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Full Name (Last, First, Middle Initial) A. Washington Express		Date of Disbursement MM / DD / YYYY 09 / 03 / 2013
Mailing Address 12240 Indian Creek Ct Ste 100		Amount of Each Disbursement this Period 31.57
City Beltsville	State MD Zip Code 20705-1242	
Purpose of Disbursement messengers	Category/Type	Transaction ID : D520075 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	61816.68

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Van Hollen for Congress

Transaction ID : L2

LOAN SOURCE Full Name (Last, First, Middle Initial)
Chris Van Hollen

Election: 2002
 Primary
 General
 Other (specify) ▼

Mailing Address
9805 Old Spring Rd

City State ZIP Code
Kensington MD 20895-3234

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
25000.00 22790.44 2209.56

TERMS Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
10 / 24 / 2002 on demand

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶ 2209.56
TOTALS This Period (last page in this line only) ▶ 2209.56

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.