

# FEC FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

O'Malley for President

ADDRESS (number and street)

1501 Saint Paul Street

#114

Check if different than previously reported. (ACC)

Baltimore

MD

21202

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00578658

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

Thirtieth day report following the General Election

on  /  /

Twelfth day report preceding election

on  /  /  in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

/  /

through

/  /

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

Terry Lee Lierman

Signature of Treasurer

Terry Lee Lierman

[Electronically Filed]

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

**O'Malley for President**

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

**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....		<input type="text" value="1314136.02"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....		<input type="text" value="1282820.92"/>
8. SUBTOTAL (Lines 6 and 7) .....		<input type="text" value="2596956.94"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....		<input type="text" value="1790970.11"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)		<input type="text" value="805986.83"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....		<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....		<input type="text" value="20607.50"/>
13. EXPENDITURES SUBJECT TO LIMITATION .....		<input type="text" value="0.00"/>

**NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES**

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....		<input type="text" value="3203744.08"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....		<input type="text" value="2397107.25"/>

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

O'Malley for President

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
09 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	1062922.02	2957671.65
(ii) unitemized .....	142826.35	226725.56
(iii) Total contributions .....	1205748.37	3184397.21
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	28377.05	50172.03
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	1234125.42	3234569.24
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	48695.50	55156.36
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	48695.50	55156.36
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	1282820.92	3289725.60

**DETAILED SUMMARY PAGE**  
of Disbursements and Contributed Items

FEC Form 3P (Rev. 03/2011)

PAGE 4 / 772

NAME OF COMMITTEE (in Full)

O'Malley for President

Report Covering the Period: From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

23. OPERATING EXPENDITURES.....	1774044.95	2452263.61
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	16525.16	30825.16
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	16525.16	30825.16
29. OTHER DISBURSEMENTS .....	400.00	650.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	1790970.11	2483738.77

**III. CONTRIBUTED ITEMS**  
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	
---	------	--

FEC FORM 3P,  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00578658

O'Malley for President

ADDRESS (number and street) 1501 Saint Paul Street

#114

Baltimore

MD

21202

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jameel Aalim-Johnson**

Mailing Address 8501 Chervil Rd

City	State	Zip Code
Lanham	MD	20706-3904

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NASDAQ	Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP015**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			19			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

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

Mailing Address 8511 Country Brooke Way

City	State	Zip Code
Lutherville Timonium	MD	21093-4767

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Rifkin Weiner Livingston Levitan & Sil	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMP90**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

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

Mailing Address 8511 Country Brooke Way

City	State	Zip Code
Lutherville Timonium	MD	21093-4767

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Rifkin Weiner Livingston Levitan & Sil	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPZC8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

<input type="text" value="200.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Khaled S. Abdallah**

Mailing Address 5553 Broadwater Ln

City State Zip Code  
Clarksville MD 21029-1156

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

Name of Employer Occupation  
Best Western Hotel Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

**Transaction ID : VQCFK9KP931**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5553 Broadwater Ln

City State Zip Code  
Clarksville MD 21029-1156

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

Name of Employer Occupation  
Best Western Hotel Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

**Transaction ID : VQCFK9KPAP2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2015

Amount of Each Receipt this Period  
500.00

Excessive portion of this donation to be re-attributed to spouse

**C.** Full Name (Last, First, Middle Initial)  
**Daniel J. Abdun-Nabi**

Mailing Address 11504 Dalyn Terrace

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
Emergent BioSolutions Inc President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPSS8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 2000.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Emily Abernathy**

Mailing Address **141 East 88th Street  
Apartment 4C**

City **New York** State **NY** Zip Code **10128**

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

Name of Employer **The Clinton Foundation** Occupation **Speechwriter**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KNRC6**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 14 / 2015**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **64 Mount Lebanon Blvd**

City **Pittsburgh** State **PA** Zip Code **15228-1863**

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

Name of Employer **H.J Heinz** Occupation **Director of Global Retirement, Mobil**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KNMP6**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 12 / 2015**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **91 Millwood St**

City **Framingham** State **MA** Zip Code **01701-3729**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KMX88**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 10 / 2015**

Amount of Each Receipt this Period  
**250.00**

LLC - Members below if itemized. Permissible funds.

**Subtotal Of Receipts This Page** (optional)..... **1000.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Shaun Adamec**

Mailing Address 91 Millwood St

City	State	Zip Code
Framingham	MA	01701

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

Name of Employer	Occupation
Nellie Mae Education Foundation	Director of Strategic Communications

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 350.00

**Transaction ID : VQCFK9KRCK9**

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period

_____ 250.00
--------------

**[MEMO ITEM]**

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

Mailing Address 91 Millwood St

City	State	Zip Code
Framingham	MA	01701

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

Name of Employer	Occupation
Nellie Mae Education Foundation	Director of Strategic Communications

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 450.00

**Transaction ID : VQCFK9KPG51**

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2015

Amount of Each Receipt this Period

_____ 100.00
--------------

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

Mailing Address 12603 LaGrange Ct.

City	State	Zip Code
Fort Washington	MD	20744

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

Name of Employer	Occupation
DLA Piper	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 950.00

**Transaction ID : VQCFK9KPJK7**

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2015

Amount of Each Receipt this Period

_____ 950.00
--------------

**Subtotal Of Receipts This Page** (optional).....▶ **1050.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 1601 The Terraces

City State Zip Code  
Baltimore MD 21209

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMJS7**

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

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

Mailing Address 3529 West 54th Street

City State Zip Code  
Edina MN 55410

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Federal Reserve Bank Examiner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMPG5**

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

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

Mailing Address 3529 West 54th Street

City State Zip Code  
Edina MN 55410

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Federal Reserve Bank Examiner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPQ72**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 / 772
<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b
<input type="checkbox"/> 18	<input type="checkbox"/> 21		

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NAME OF COMMITTEE (In Full)  
O'Malley for President

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

James Allen Adkins  
Mailing Address 5442 Cherry Hill Ln

City	State	Zip Code
Salisbury	MD	21801-2601

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

**Transaction ID : VQCFK9KJBW2**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 04 / 2015

Amount of Each Receipt this Period  
1000.00

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

Zafar Agha  
Mailing Address 412 Du Pahze St

City	State	Zip Code
Naperville	IL	60565

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
Southwest Airlines	Pilot

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

**Transaction ID : VQCFK9KPDJ7**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2015

Amount of Each Receipt this Period  
500.00

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

Faheem Ahmad  
Mailing Address 3427 Marquis Ct

City	State	Zip Code
Woodridge	IL	60517-1457

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
SSCA	Cardiologist

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

**Transaction ID : VQCFK9KPB35**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

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

### SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Mohyuddin Ahmad**

Mailing Address 3798 Hickory Ridge Rd

City Oshkosh	State WI	Zip Code 54904
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Oracular IS LLC.	Occupation IT Executive
--------------------------------------	----------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPWY4**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

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

Mailing Address 25737 W Sunnymere Dr

City Plainfield	State IL	Zip Code 60585-1290
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer Oxford International	Occupation IT Consultant
--	-----------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPCG9**

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2015

Amount of Each Receipt this Period

<input type="text" value="400.00"/>
-------------------------------------

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

Mailing Address 100 Starwood Drive

City Bolingbrook	State IL	Zip Code 60490
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Advanced Insurance	Occupation Insurance Agency
--	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPC95**

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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Subtotal Of Receipts This Page (optional).....

<input type="text" value="1150.00"/>
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Total This Period (last page this line number only).....

<input type="text"/>
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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Haris Ahmed**

Mailing Address 3720 Highknob Cir

City Naperville State IL Zip Code 60564-4422

FEC ID number of contributing federal political committee.

Name of Employer Pragmatium Consulting Group Inc. Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPG85**

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

Amount of Each Receipt this Period

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

Mailing Address 1130 Jackson Ave

City River Forest State IL Zip Code 60305-1420

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN7G0**

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

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**David F. Albright Jr.**

Mailing Address 4103 Saint Paul St

City Baltimore State MD Zip Code 21218-1143

FEC ID number of contributing federal political committee.

Name of Employer Maryland Trial Lawyers Association Occupation Fundraising Chair

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNNF3**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**David F. Albright Jr.**

Mailing Address 4103 Saint Paul St

City State Zip Code  
Baltimore MD 21218-1143

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

Name of Employer Occupation  
Maryland Trial Lawyers Association Fundraising Chair

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNNG1**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1118 Spy Glass Dr

City State Zip Code  
Arnold MD 21012-1967

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

Name of Employer Occupation  
Alpha development company Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KK0Q7**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 963 Sevarden Lane  
Ste 2000

City State Zip Code  
CrownsvilleCrownsville MD 21032

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

Name of Employer Occupation  
RETIRED5466 Retired USAF officer, and Towson Univ.

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KMR78**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 3950.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address **963 Sevarden Lane**  
**Ste 2000**

City **Crownsville** State **MD** Zip Code **21032**

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

Name of Employer **RETIRED5466** Occupation **Retired USAF officer, and Towson Univ.**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

**Transaction ID : VQCFK9KNXQ3**

Date of Receipt

M M / D D / Y Y Y Y  
**09 / 18 / 2015**

Amount of Each Receipt this Period

**1000.00**

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

Mailing Address **963 Sevarden Lane**  
**Ste 2000**

City **Crownsville** State **MD** Zip Code **21032**

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

Name of Employer **RETIRED5466** Occupation **Retired USAF officer, and Towson Univ.**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2700.00**

**Transaction ID : VQCFK9KQPR2**

Date of Receipt

M M / D D / Y Y Y Y  
**09 / 22 / 2015**

Amount of Each Receipt this Period

**700.00**

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

Mailing Address **963 Sevarden Lane**

City **Crownsville** State **MD** Zip Code **21032**

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

Name of Employer **retired** Occupation **school teacher**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2800.00**

**Transaction ID : VQCFK9KKZT5**

Date of Receipt

M M / D D / Y Y Y Y  
**08 / 12 / 2015**

Amount of Each Receipt this Period

**100.00**

**Subtotal Of Receipts This Page** (optional).....▶ **1800.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>David Allen</b>		<b>Transaction ID : VQCFK9KN9A8</b>
Mailing Address <b>14 Monroe St</b>		
City <b>Manchester</b>	State <b>NH</b>	Date of Receipt M M / D D / Y Y Y Y <b>09 / 05 / 2015</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Dyn Technology C</b>	Occupation <b>VP &amp; General Counsel</b>	Election Cycle-to-Date <b>500.00</b>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>David Allen</b>		<b>Transaction ID : VQCFK9KQ39</b>
Mailing Address <b>14 Monroe St</b>		
City <b>Manchester</b>	State <b>NH</b>	Date of Receipt M M / D D / Y Y Y Y <b>09 / 08 / 2015</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>-500.00</b>
Name of Employer <b>Dyn Technology C</b>	Occupation <b>VP &amp; General Counsel</b>	Election Cycle-to-Date <b>0.00</b>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Bounced Check

<b>C.</b> Full Name (Last, First, Middle Initial) <b>David Allen</b>		<b>Transaction ID : VQCFK9KP8Y2</b>
Mailing Address <b>55 Bay Street</b> <b>Unit A</b>		
City <b>Manchester</b>	State <b>NH</b>	Date of Receipt M M / D D / Y Y Y Y <b>09 / 25 / 2015</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>550.00</b>
Name of Employer <b>Dyn</b>	Occupation <b>Lawyer</b>	Election Cycle-to-Date <b>550.00</b>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**Subtotal Of Receipts This Page** (optional).....▶ **550.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Zach Alter**

Mailing Address 2809 Elliott St.

City	State	Zip Code
Baltimore	MD	21224

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

Name of Employer	Occupation
Manekin, LLC	Associate Developer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2015     2016     2017     2018     2019     2020     2021     2022  
 2700.00

**Transaction ID : VQCFK9KPDP9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

2700.00
---------

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

Mailing Address 3411 Silverside Rd  
102 Webster Bldg, Concord Plaza

City	State	Zip Code
Wilmington	DE	19810-4810

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

Name of Employer	Occupation
Tech International Corp.	Executive VP and GM

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2015     2016     2017     2018     2019     2020     2021     2022  
 700.00

**Transaction ID : VQCFK9KNZ56**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			19			2015			

Amount of Each Receipt this Period

200.00
--------

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

Mailing Address 3 Andrews St

City	State	Zip Code
Essex	MA	01929-1434

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

Name of Employer	Occupation
Build Health International	Manager

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2015     2016     2017     2018     2019     2020     2021     2022  
 2700.00

**Transaction ID : VQCFK9KK8A3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			26			2015			

Amount of Each Receipt this Period

2700.00
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**Subtotal Of Receipts This Page** (optional).....▶ 

5600.00
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**Total This Period** (last page this line number only).....▶ 

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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 20 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Akbar Younus Ansari**

Mailing Address 13215 Falls Rd

City State Zip Code  
Cockeysville MD 21030-1411

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP0J0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			19			2015			

Amount of Each Receipt this Period

<input type="text" value="200.00"/>
-------------------------------------

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

Mailing Address 7088 Balmoral Forest Rd

City State Zip Code  
Clifton VA 20124-1539

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
First Capital Equities Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KRGT4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			19			2015			

Amount of Each Receipt this Period

<input type="text" value="1300.00"/>
--------------------------------------

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

Mailing Address 1452 Ave Ashford  
Apt 5D

City State Zip Code  
San Juan PR 00907-1564

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Aparicio & Aparicio Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMCA6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="400.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Mari Aparicio**

Mailing Address 2018 Calle Aberdeen

City	State	Zip Code
Guaynabo	PR	00969-4725

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJZ52**

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

Amount of Each Receipt this Period

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

Mailing Address 405 Warren Ave

City	State	Zip Code
Baltimore	MD	21230-3929

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Apgar Company	Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPVJ8**

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

Amount of Each Receipt this Period

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

Mailing Address 303 Locust St  
Ste 400

City	State	Zip Code
Des Moines	IA	50309-1770

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Camey & Appleby P.L.C.	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM7V8**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Varoujan Arabian</b>	<b>Transaction ID : VQCFK9KNQJ1</b>
Mailing Address 6541 Ruffner Ave	Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2015
City Lake Balboa State CA Zip Code 91406	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer Beach Cowdrey Owen, LLP Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mark Arabo</b>	<b>Transaction ID : VQCFK9KJYE3</b>
Mailing Address 1879 fuerte valley drive	Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2015
City El cajon State CA Zip Code 92019	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	
Name of Employer Neighborhood Market Association Occupation President & CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jose Arrufat-Gracia</b>	<b>Transaction ID : VQCFK9KM0Z7</b>
Mailing Address 130 W 42nd St Ste 705	Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2015
City New York State NY Zip Code 10036	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	
Name of Employer Arrufat Gracia PLLC Occupation Lawyer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jose Arrufat-Gracia**

Mailing Address 130 W 42nd St  
Ste 705

City State Zip Code  
New York NY 10036

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

Name of Employer Occupation  
Arrufat Gracia PLLC Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : VQCFK9KP4B4**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 6932 Sandy Creek Ct

City State Zip Code  
Clarksville MD 21029-1747

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

Name of Employer Occupation  
HASCON President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KP100**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period  
700.00

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

Mailing Address 6932 Sandy Creek Ct

City State Zip Code  
Clarksville MD 21029-1747

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KRG6**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period  
300.00

**Subtotal Of Receipts This Page** (optional).....▶ 2000.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 24 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Taimur Aslam**

Mailing Address 4002 Broadstone St

City	State	Zip Code
Frederick	MD	21704-7361

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

Name of Employer	Occupation
Argole Systems	VP Tech

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 700.00

**Transaction ID : VQCFK9KP3R4**

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period

_____ 200.00
--------------

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

Mailing Address 4620 Holly Ave

City	State	Zip Code
Fairfax	VA	22030

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

Name of Employer	Occupation
Tecore.Inc	Accountant

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KNK01**

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

_____ 2700.00
---------------

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

Mailing Address 4620 Holly Ave

City	State	Zip Code
Fairfax	VA	22030

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

Name of Employer	Occupation
ASI.Inc	Engineer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KNJZ3**

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

_____ 2700.00
---------------

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 5600.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 2427 Pickwick Road

City State Zip Code  
Gwynn Oak MD 21207

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

Name of Employer Occupation  
Watermark Corporation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KP8C0**

Date of Receipt

/  /

Amount of Each Receipt this Period

500.00

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

Mailing Address 13085 Vanderbilt Way

City State Zip Code  
Laurel MD 20707

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

Name of Employer Occupation  
Islamic Community Center of Laurel Board of Directors

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KP150**

Date of Receipt

/  /

Amount of Each Receipt this Period

1000.00

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

Mailing Address 18275 sw swanstrom dr.

City State Zip Code  
Sherwood OR 97140

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

Name of Employer Occupation  
Microsoft Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
160.00

**Transaction ID : VQCFK9KMJD2**

Date of Receipt

/  /

Amount of Each Receipt this Period

50.00

**Subtotal Of Receipts This Page** (optional).....▶

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Austin**

Mailing Address 18275 sw swanstrom dr.

City State Zip Code  
Sherwood OR 97140

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

Name of Employer Occupation  
Microsoft Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.00

**Transaction ID : VQCFK9KPHJ6**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
09 / 28 / 2015

Amount of Each Receipt this Period

50.00

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

Mailing Address 3126 Valentino Ct

City State Zip Code  
Oakton VA 22124-2836

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

Name of Employer Occupation  
District of Columbia Public Schools (D Education Management

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

**Transaction ID : VQCFK9KP0G4**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
09 / 19 / 2015

Amount of Each Receipt this Period

800.00

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

Mailing Address 3706 Thoroughbred Ln

City State Zip Code  
Owings Mills MD 21117-1251

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

Name of Employer Occupation  
Maryland Center for Construction Educa President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPZP7**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
09 / 30 / 2015

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page** (optional).....  1350.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address **1825 Hackett Creek**

City **Mckinney** State **TX** Zip Code **75070**

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

Name of Employer **GMB Consuking., LLC** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

**Transaction ID : VQCFK9KPN37**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2015**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **PO Box 4494**

City **Greenwich** State **CT** Zip Code **06831**

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

Name of Employer **Tedeschi Food Shops, Inc.** Occupation **Assistant Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KKMN5**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 02 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mark D. Baganz, MD**

Mailing Address **122 Defense Hwy**

City **Annapolis** State **MD** Zip Code **21401**

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

Name of Employer **Self** Occupation **Doctor**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KP203**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 20 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional).....▶ **4700.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jean Bailey**

Mailing Address 517 Ellsworth Drive

City State Zip Code  
Silver Spring DC 20910

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

Name of Employer Occupation  
Howard University Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

**Transaction ID : VQCFK9KMSG2**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 517 Ellsworth Drive

City State Zip Code  
Silver Spring DC 20910

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

Name of Employer Occupation  
Howard University Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KQ0B3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 9026 SW 36th Ave  
Apt 210

City State Zip Code  
Portland OR 97219-5321

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

Name of Employer Occupation  
Multnomah County Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

**Transaction ID : VQCFK9KMQ35**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 750.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 29 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jules Bailey**

Mailing Address **9026 SW 36th Ave**  
**Apt 210**

City **Portland** State **OR** Zip Code **97219-5321**

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

Name of Employer **Multnomah County** Occupation **Commissioner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KPCK2**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 26 / 2015**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **431 El Camino Real**  
**Apt 4206**

City **Santa Clara** State **CA** Zip Code **95050-7415**

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

Name of Employer **Santa Clara University** Occupation **Program Director**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KKAR6**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 27 / 2015**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **10016 Frederick Avenue**

City **Kensington** State **MD** Zip Code **20895**

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

Name of Employer **Congressional Bank** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KNFA1**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 10 / 2015**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **1000.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**J. Douglas Baldrige**

Mailing Address 6102 Vernon Ter

City	State	Zip Code
Alexandria	VA	22307-1149

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Venable LLP	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJHD6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	5

Amount of Each Receipt this Period

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City	State	Zip Code
Cambridge	MA	02138-5106

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJHD6E**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	1	5

Amount of Each Receipt this Period

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 6102 Vernon Ter

City	State	Zip Code
Alexandria	VA	22307-1149

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Venable LLP	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKQ55**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	5

Amount of Each Receipt this Period

\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page (optional)**.....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ActBlue</b>		<b>Transaction ID : VQCFK9KKQ55E</b> Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2015	
Mailing Address 14 Arrow St Ste 11			
City Cambridge	State MA	Zip Code 02138-5106	
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Conduit total listed in Agg. field Election Cycle-to-Date ▼ 18027.32		
		Amount of Each Receipt this Period 250.00	
<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Amado Baltazar</b>		<b>Transaction ID : VQCFK9KP0Y5</b> Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2015	
Mailing Address 914 Memorial Dr			
City Belleville	State NJ	Zip Code 07109-5357	
FEC ID number of contributing federal political committee. C			
Name of Employer BVF Engineering, Inc.	Occupation President Election Cycle-to-Date ▼ 500.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
		Amount of Each Receipt this Period 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Salman Banaei</b>		<b>Transaction ID : VQCFK9KNWQ2</b> Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2015	
Mailing Address 1115 12th St NW Apt 703 Apt 703			
City Washington	State DC	Zip Code 20005	
FEC ID number of contributing federal political committee. C			
Name of Employer Markit	Occupation Director Election Cycle-to-Date ▼ 500.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
		Amount of Each Receipt this Period 500.00	

<b>Subtotal Of Receipts This Page (optional)</b> .....	1000.00
<b>Total This Period (last page this line number only)</b> .....	1000.00

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)  
 16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Deepak Bansal</b> Mailing Address 8117 Poplarwood Lane City Nashville State TN Zip Code 37221 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Willis Occupation Director, IT Vendor Management Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>500.00</b>			<b>Transaction ID : VQCFK9KMP09</b> Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2015
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Charles Shih-Tsan Bao</b> Mailing Address 4 Johnson Mill Rd City Towson State MD Zip Code 21204-3549 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Transviron, Inc. Occupation President Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>1000.00</b>			<b>Transaction ID : VQCFK9KK597</b> Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2015
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Michael Darr Barnes</b> Mailing Address 7313 Maple Ave City Chevy Chase State MD Zip Code 20815-5107 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Covington and Burling Occupation Senior of Counsel Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>1500.00</b>			<b>Transaction ID : VQCFK9KNMC7</b> Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2015

**Subtotal Of Receipts This Page** (optional).....▶ **2000.00**

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial)  
**Eric J Beane**

Mailing Address 102 Bowen St  
Apt 2

City State Zip Code  
Providence RI 02906-1474

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

Name of Employer Occupation  
State of Rhode Island Governor's Deputy Chief of Staff

Receipt For: 2016  
 Primary  General  
 Other (specify) **250.00**

Transaction ID : **VQCFK9KJ015**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 01 / 2015**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 1307 Walnut Hill Ln

City State Zip Code  
Ruxton MD 21204-3661

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

Name of Employer Occupation  
Beatty Development Group, LLC Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify) **1500.00**

Transaction ID : **VQCFK9KPRA9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 1307 Walnut Hill Ln

City State Zip Code  
Ruxton MD 21204-3661

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

Name of Employer Occupation  
Beatty Development President

Receipt For: 2016  
 Primary  General  
 Other (specify) **500.00**

Transaction ID : **VQCFK9KPV22**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**500.00**

Subtotal Of Receipts This Page (optional)..... **1250.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 34 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas S Beaudet**

Mailing Address 689 Somerville Ave

City	State	Zip Code
Somerville	MA	02143-3253

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DG Realty & Development	Principal

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNP31**

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

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

Mailing Address 689 Somerville Ave

City	State	Zip Code
Somerville	MA	02143-3253

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DG Realty & Development	Principal

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQFR7**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="2000.00"/>
--------------------------------------

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

Mailing Address 518 Old Main Street

City	State	Zip Code
New London	NH	03257

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Riverside Health, Inc.	Managed Care

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN0R9**

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address **650 S Exeter St  
Ste 1000**

City **Baltimore** State **MD** Zip Code **21202-4209**

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

Name of Employer **Sterling Partners** Occupation **Executive**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KPQ07**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 29 / 2015**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **15 Charlcothe Place**

City **Baltimore** State **MD** Zip Code **21218**

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

Name of Employer **Homemaker** Occupation **NA**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KKWR3**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 11 / 2015**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **15712 Rusty Rd**

City **Spirit Lake** State **IA** Zip Code **51360-7564**

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

Name of Employer **Retired** Occupation **Former U.S. Representative (IA-6)**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KNBW4**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 08 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **6400.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Berkley Bedell**

Mailing Address 15712 Rusty Rd

City	State	Zip Code
Spirit Lake	IA	51360-7564

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Former U.S. Representative (IA-6)

Receipt For: 2016	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2700.00"/>
<input type="checkbox"/> Other (specify) ▼	

**Transaction ID : VQCFK9KP908**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

Amount of Each Receipt this Period

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

Mailing Address 15712 Rusty Rd

City	State	Zip Code
Spirit Lake	IA	51360-7564

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Retired

Receipt For: 2016	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼	

**Transaction ID : VQCFK9KNBV6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

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

Mailing Address 15712 Rusty Rd

City	State	Zip Code
Spirit Lake	IA	51360-7564

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Retired

Receipt For: 2016	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3700.00"/>
<input type="checkbox"/> Other (specify) ▼	

**Transaction ID : VQCFK9KP916**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Maurice A. Bellan Sr.**

Mailing Address 2100 M Street NW  
Suite 170-148

City State Zip Code  
Washington DC 20037

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
McGuire Woods Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK4C0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Amount of Each Receipt this Period

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

Mailing Address 108 Pembroke View Ln

City State Zip Code  
Gaithersburg MD 20877-3783

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Public Health Association Physician Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJ5E0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	5

Amount of Each Receipt this Period

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

Mailing Address 108 Pembroke View Ln

City State Zip Code  
Gaithersburg MD 20877-3783

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Public Health Association Physician Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMH49**

Date of Receipt

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

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 108 Pembroke View Ln

City	State	Zip Code
Gaithersburg	MD	20877-3783

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
American Public Health Association	Physician Executive

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN481**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

Amount of Each Receipt this Period

<input type="text" value="200.00"/>
-------------------------------------

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

Mailing Address 17709 Hollingsworth Dr

City	State	Zip Code
Derwood	MD	20855-1306

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Stein Sperling	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNAX9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**G. James J. Benoit Jr.**

Mailing Address 62 Southgate Ave

City	State	Zip Code
Annapolis	MD	21401-2831

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
FedData	CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP2T9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			21			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 904 E Moran Rd

City State Zip Code  
Brentwood TN 37027-5427

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Nashville Yacht Brokers Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM5J5**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2015

Amount of Each Receipt this Period

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

Mailing Address 196 Old River Rd  
Apt 315

City State Zip Code  
Lincoln RI 02865-1159

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
City of Providence Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK9A3**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2015

Amount of Each Receipt this Period

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

Mailing Address 13 Walcott Ave

City State Zip Code  
Jamestown RI 02835-2937

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Adler Pollock & Sheehan PC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJJA6**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Norman R Beretta Sr**

Mailing Address 13 Walcott Ave

City	State	Zip Code
Jamestown	RI	02835-2937

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJJC1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

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

Mailing Address 11 N. Washington St., Suite 530

City	State	Zip Code
Rockville	MD	20850

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Bergman Law, LLC	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNXY8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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**C.** Full Name (Last, First, Middle Initial)  
**E.B. Berkley**

Mailing Address 6635 Indian Ln

City	State	Zip Code
Mission Hills	KS	66208-1746

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Tension Corporation	Chairman of the Board

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKPH7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Art Berliner**

Mailing Address **750 Battery Street  
Suite 700**

City **San Francisco** State **CA** Zip Code **94111**

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

Name of Employer **Walden Venture Capital** Occupation **Venture Capitalist**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4900.00**

**Transaction ID : VQCFK9KKW61**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

<b>4900.00</b>
----------------

Excessive funds to be re-attributed to spouse

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

Mailing Address **5605 SE Scenic Ln  
Unit 101**

City **Vancouver** State **WA** Zip Code **98661**

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

Name of Employer **Mass Ingenuity** Occupation **Consultant & Author**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**100.00**

**Transaction ID : VQCFK9KJBT6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			04			2015			

Amount of Each Receipt this Period

<b>100.00</b>
---------------

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

Mailing Address **5605 SE Scenic Ln  
Unit 101**

City **Vancouver** State **WA** Zip Code **98661**

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

Name of Employer **Mass Ingenuity** Occupation **Consultant & Author**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**200.00**

**Transaction ID : VQCFK9KKS30**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

Amount of Each Receipt this Period

<b>100.00</b>
---------------

**Subtotal Of Receipts This Page** (optional)..... **5100.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 42 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address **5605 SE Scenic Ln  
Unit 101**

City **Vancouver** State **WA** Zip Code **98661**

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

Name of Employer **Mass Ingenuity** Occupation **Consultant & Author**

Receipt For:  
 Primary  General  
 Other (specify) **Election Cycle-to-Date** **300.00**

**Transaction ID : VQCFK9KN806**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 04 / 2015**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **1507 Buena Vista St**

City **Pittsburgh** State **PA** Zip Code **15212-4053**

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

Name of Employer **SEIU Healthcare Pennsylvania** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify) **Election Cycle-to-Date** **250.00**

**Transaction ID : VQCFK9KPTS1**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **540 N Rossmore Ave**

City **Los Angeles** State **CA** Zip Code **90004-2444**

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

Name of Employer **Plan A Locations** Occupation **Entertainment Industry**

Receipt For: 2016  
 Primary  General  
 Other (specify) **Election Cycle-to-Date** **2700.00**

**Transaction ID : VQCFK9KK0R5**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 22 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **3050.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 6807 Tree Fern Ln

City	State	Zip Code
Austin	TX	78750-8135

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Care Development Consulting	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPP54**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

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

Mailing Address 3801 Canterbury Rd  
Unit 509

City	State	Zip Code
Baltimore	MD	21218-2374

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
University of Baltimore	Professor of Law

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM010**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			12			2015			

Amount of Each Receipt this Period

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

Mailing Address 2307 Cassidy Drive

City	State	Zip Code
Bethel Park	PA	15102

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Reed Smith	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKS80**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			06			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Nicholas Bonarrigo**

Mailing Address 2307 Cassidy Drive

City State Zip Code  
Bethel Park PA 15102

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

Name of Employer Occupation  
Reed Smith Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

**Transaction ID : VQCFK9KNQK8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2015

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2307 Cassidy Drive

City State Zip Code  
Bethel Park PA 15102

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

Name of Employer Occupation  
Reed Smith Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

**Transaction ID : VQCFK9KPKC3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1123 Nichol Lane

City State Zip Code  
Nashville TN 37205

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

Name of Employer Occupation  
Bone McAllester Norton Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KQ3M1**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1150.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Adam Bonin</b> Mailing Address 530 S. 2nd St, Apt. 501 Apt 501 City phila State PA Zip Code 19147 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Self Occupation Attorney Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date <input type="text" value="1000.00"/>			<b>Transaction ID : VQCFK9KNA26</b> Date of Receipt <input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="500.00"/>		
<b>B. Full Name (Last, First, Middle Initial)</b> <b>R.U. Bonney</b> Mailing Address 397 Main St City Medford State MA Zip Code 02155-6250 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Information Requested Occupation Information Requested Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date <input type="text" value="500.00"/>			<b>Transaction ID : VQCFK9KNA75</b> Date of Receipt <input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="500.00"/>		
<b>C. Full Name (Last, First, Middle Initial)</b> <b>Jeanette Bottone</b> Mailing Address 65 Grove Street Apt 147 Apt 147 City Wellesley State MA Zip Code 02482 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Not applicable Occupation Homemaker Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date <input type="text" value="35.00"/>			<b>Transaction ID : VQCFK9KNR43</b> Date of Receipt <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="35.00"/>		

**Subtotal Of Receipts This Page (optional)** .....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jeanette Bottone**

Mailing Address 65 Grove Street Apt 147

City Wellesley State MA Zip Code 02482

FEC ID number of contributing federal political committee.

Name of Employer Not applicable Occupation Homemaker

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

**Transaction ID : VQCFK9KP057**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period

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

Mailing Address 65 Grove Street Apt 147

City Wellesley State MA Zip Code 02482

FEC ID number of contributing federal political committee.

Name of Employer Not applicable Occupation Homemaker

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

**Transaction ID : VQCFK9KPE65**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period

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

Mailing Address 30 Oakland Beach Ave

City Rye State NY Zip Code 10580-2612

FEC ID number of contributing federal political committee.

Name of Employer Venable LLP Occupation attorney

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

**Transaction ID : VQCFK9KP8P9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 47 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas S. Bozzuto**

Mailing Address 6025 Hollins Ave

City State Zip Code  
Baltimore MD 21210-1006

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Bozzuto Group Builder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPHS2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period

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

Mailing Address 6926 Tolling Bells Court

City State Zip Code  
Columbia MD 21044

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cushman Wakefield Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM5H7**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2015

Amount of Each Receipt this Period

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

Mailing Address 1536 Red Oak Dr

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Bloomberg BNA Director of Finance

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMXA4**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Urquhart Bradley**

Mailing Address 6926 Tolling Bells Ct

City	State	Zip Code
Columbia	MD	21044-4246

FEC ID number of contributing federal political committee.

Name of Employer Information Requested	Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KRCE0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**David M. Bradt Jr**

Mailing Address 6704 Tulip Hill Ter

City	State	Zip Code
Bethesda	MD	20816-1033

FEC ID number of contributing federal political committee.

Name of Employer Information Requested	Occupation Information Requested
Andersen Tax LLC	Accountant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJZZ8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

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

Mailing Address 9516 26th Bay Street

City	State	Zip Code
Norfolk	VA	23518-1814

FEC ID number of contributing federal political committee.

Name of Employer Information Requested	Occupation Information Requested
Kaufman & Canoles, P.C.	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPSY8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Brennan**

Mailing Address 721 Hickory Lot Rd

City State Zip Code  
Towson MD 21286

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

Name of Employer Occupation  
United Building Services, Inc. Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KMZH2**

Date of Receipt

/  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Thomas C Brennan Jr.**

Mailing Address 721 Hickory Lot Rd

City State Zip Code  
Towson MD 21286-1428

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

Name of Employer Occupation  
N/A Student

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
230.00

**Transaction ID : VQCFK9KK496**

Date of Receipt

/  /

Amount of Each Receipt this Period

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

Mailing Address 200 S Broad St  
210 W. Rittenhouse Sq, Apt 2806

City State Zip Code  
Philadelphia PA 19102-3809

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

Name of Employer Occupation  
Rittenhouse Consulting Group CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNHX5**

Date of Receipt

/  /

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 50 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Gerry L. Brewster**

Mailing Address 14520 Cuba Rd

City State Zip Code  
Cockeysville MD 21030

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : VQCFK9KJNA2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

5	0	0	0	0	0	0	0	0	0

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

Mailing Address 14520 Cuba Rd

City State Zip Code  
Cockeysville MD 21030

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KMW8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Amount of Each Receipt this Period

5	0	0	0	0	0	0	0	0	0

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

Mailing Address 14520 Cuba Rd

City State Zip Code  
Cockeysville MD 21030

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

**Transaction ID : VQCFK9KMQQ1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	5

Amount of Each Receipt this Period

5	0	0	0	0	0	0	0	0	0

**Subtotal Of Receipts This Page** (optional).....▶ 1500.00

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

## SCHEDULE A-P

### ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 51 / 772

(check only one)

16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

O'Malley for President

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

Mailing Address 4145 Tracy Street

City State Zip Code  
Los Angeles CA 90027

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Self Self

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : VQCFK9KPMZ5**

Date of Receipt

M M / D D / Y Y Y Y  
09 29 2015

Amount of Each Receipt this Period

500.00

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

Mailing Address 5830 Jonquil Avenue

City State Zip Code  
Baltimore MD 21215

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
TBridges Communications Public Relations Consultant

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : VQCFK9KN2E5**

Date of Receipt

M M / D D / Y Y Y Y  
09 02 2015

Amount of Each Receipt this Period

500.00

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

Mailing Address 17 Daniel Drive

City State Zip Code  
Hillsborough NJ 08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Somerset Capital Advisors Accountant

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : VQCFK9KMTY3**

Date of Receipt

M M / D D / Y Y Y Y  
08 29 2015

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page** (optional).....

2000.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 52 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Markie J. Britton**

Mailing Address 7501 Trafalgar Circle

City State Zip Code  
Hanover MA 21076

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Tecore Networks Manager, Corporate Communications

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKEV7**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

Amount of Each Receipt this Period

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

Mailing Address 504 Autumn Springs Ct  
# A-9

City State Zip Code  
Franklin TN 37067-8277

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
International Insurance Brokerage, LLC Insurance Sales

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM4Z4**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2015

Amount of Each Receipt this Period

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

Mailing Address 240 Mowbray Rd

City State Zip Code  
Silver Spring MD 20904

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Amalgamated Bank EVP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPE99**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles E. Bryan**

Mailing Address 1017 Winding Way

City	State	Zip Code
Baltimore	MD	21210-1232

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

Name of Employer	Occupation
Cadwalader Wickershan & Teft LLP	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 350.00

**Transaction ID : VQCFK9KPV56**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 350.00

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

Mailing Address 12 Francis St

City	State	Zip Code
Annapolis	MD	21401-1714

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

Name of Employer	Occupation
Manis Canning & Associates	Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KKAP1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

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

Mailing Address 100 N Wacker Dr Ste 330  
Ste. 330

City	State	Zip Code
Chicago	IL	60606

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

Name of Employer	Occupation
Bucksbaum Retail Properties	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID : VQCFK9KP924**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 5550.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 772
<input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17a <input type="checkbox"/> 17b <input type="checkbox"/> 17c <input type="checkbox"/> 17d <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Caroline Buerkle</b> Mailing Address 5801 Desert View Crt NE  City State Zip Code Rio Rancho NM 87144  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Occupation Self Communications Consultant  Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>	<b>Transaction ID : VQCFK9KNV23</b> Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>09</td><td></td><td></td><td>16</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> Amount of Each Receipt this Period <input type="text" value="250.00"/>	M	M	/	D	D	/	Y	Y	Y	Y	09			16			2015			
M	M	/	D	D	/	Y	Y	Y	Y												
09			16			2015															

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Francis B. Burch Jr.</b> Mailing Address 6225 Smith Ave  City State Zip Code Baltimore MD 21209  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Occupation DLA Piper Chairman  Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>	<b>Transaction ID : VQCFK9KKDG0</b> Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>07</td><td></td><td></td><td>28</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> Amount of Each Receipt this Period <input type="text" value="2700.00"/>	M	M	/	D	D	/	Y	Y	Y	Y	07			28			2015			
M	M	/	D	D	/	Y	Y	Y	Y												
07			28			2015															

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Liz Burdock</b> Mailing Address 209 Butler Road  City State Zip Code Towson MD 21204  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Occupation Greenworks Partners Consultant  Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>	<b>Transaction ID : VQCFK9KPHV7</b> Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>09</td><td></td><td></td><td>29</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> Amount of Each Receipt this Period <input type="text" value="500.00"/>	M	M	/	D	D	/	Y	Y	Y	Y	09			29			2015			
M	M	/	D	D	/	Y	Y	Y	Y												
09			29			2015															

<b>Subtotal Of Receipts This Page</b> (optional).....	<input type="text" value="3450.00"/>
<b>Total This Period</b> (last page this line number only).....	<input type="text"/>

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Patrick J Burke**

Mailing Address 999 18th Street  
Ste 2055

City State Zip Code  
Denver CO 80202

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

Name of Employer Occupation  
Patrick J. Burke, P.C. Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNQ24**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5 Lanchester Road

City State Zip Code  
London AE 45243

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

Name of Employer Occupation  
Self Business Management Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : VQCFK9KP1J3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1611 Park Avenue

City State Zip Code  
Baltimore MD 21217

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

Name of Employer Occupation  
Burke PLLC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

**Transaction ID : VQCFK9KJQY4**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 1611 Park Avenue

City State Zip Code  
Baltimore MD 21217

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

Name of Employer Occupation  
Burke PLLC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1600.00

**Transaction ID : VQCFK9KKY40**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2015

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7409 Trappe St

City State Zip Code  
Fulton MD 20759-2566

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

Name of Employer Occupation  
The Sound Garden Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KMA11**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2015

Amount of Each Receipt this Period  
500.00

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

Mailing Address 242 Garnet Hill Rd

City State Zip Code  
Sunapee NH 03782-2714

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

Name of Employer Occupation  
Retired State Senator Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

**Transaction ID : VQCFK9KJM00**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1500.00

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 242 Garnet Hill Rd

City	State	Zip Code
Sunapee	NH	03782-2714

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired State Senator	Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKKW7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

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

Mailing Address 242 Garnet Hill Rd

City	State	Zip Code
Sunapee	NH	03782-2714

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired State Senator	Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMZD1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	5

Amount of Each Receipt this Period

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

Mailing Address 242 Garnet Hill Rd

City	State	Zip Code
Sunapee	NH	03782-2714

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired State Senator	Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQCE1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 58 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles J. Butler**

Mailing Address 7715 Garland Ave

City State Zip Code  
Takoma Park MD 20912-7711

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

Name of Employer Occupation  
U.S. Dep't of Treasury Senior Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
270.16

**Transaction ID : VQCFK9KPQF5**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter G. Byrnes Jr.**

Mailing Address 514 Thistledown Ct

City State Zip Code  
Millersville MD 21108-1781

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

Name of Employer Occupation  
The Law Offices of David F. Albright, Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KPWW8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8926 Mt. Tabor Road

City State Zip Code  
Middletown MD 21769

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

Name of Employer Occupation  
O'Malley for President Maryland Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
290.00

**Transaction ID : VQCFK9KJVH0**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2015

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional)..... 550.00

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

**SCHEDULE A-P**  
**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

**Margaret Byron**

Mailing Address 8926 Mt. Tabor Road

City	State	Zip Code
Middletown	MD	21769

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

Name of Employer	Occupation
O'Malley for President	Maryland Director

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 340.00

**Transaction ID : VQCFK9KMXD7**

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

<input type="text"/> 50.00
----------------------------

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

**David Caliguri**

Mailing Address 1049 Highmont Road

City	State	Zip Code
Pittsburgh	PA	15232

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

Name of Employer	Occupation
Self employed	Public Affairs Consultant

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

**Transaction ID : VQCFK9KMXP6**

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

<input type="text"/> 250.00
-----------------------------

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

**Neil Callahan**

Mailing Address 35 Woodland Park Drive

City	State	Zip Code
Tenafly	NJ	07670

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

Name of Employer	Occupation
RSTP	Investor

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

**Transaction ID : VQCFK9KKCN6**

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

<input type="text"/> 1000.00
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**Subtotal Of Receipts This Page** (optional).....▶  1300.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Patrick J Callahan**

Mailing Address 80 1st St

City State Zip Code  
Bridgewater MA 02324-1071

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

Name of Employer Occupation  
Callahan Construction Management President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNAE1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2015			

Amount of Each Receipt this Period

2700.00
---------

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

Mailing Address 200 West Washington Sq  
Unit 3208

City State Zip Code  
Philadelphia PA 19106

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

Name of Employer Occupation  
Consultant Taylor Campitelli

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KN653**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

Amount of Each Receipt this Period

2700.00
---------

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

Mailing Address 7025 Meandering Stream Way

City State Zip Code  
Fulton MD 20759-2303

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

Name of Employer Occupation  
SFS Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNM93**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2015			

Amount of Each Receipt this Period

250.00
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**Subtotal Of Receipts This Page** (optional).....▶ **5650.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**FRANCESCA CAREY**

Mailing Address 1075 Kupulau Dr  
Kihei, Maui, USA

City	State	Zip Code
Kihei	HI	96753-9203

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

Name of Employer  
**FABMAC HOMES, INC.** Occupation  
consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
150.00

**Transaction ID : VQCFK9KK8J3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	5

Amount of Each Receipt this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

Mailing Address 1075 Kupulau Dr  
Kihei, Maui, USA

City	State	Zip Code
Kihei	HI	96753-9203

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

Name of Employer  
**FABMAC HOMES, INC.** Occupation  
consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
175.00

**Transaction ID : VQCFK9KKTN5**

Date of Receipt

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

Amount of Each Receipt this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

Mailing Address 1075 Kupulau Dr  
Kihei, Maui, USA

City	State	Zip Code
Kihei	HI	96753-9203

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

Name of Employer  
**FABMAC HOMES, INC.** Occupation  
consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
175.00

**Transaction ID : VQCFK9KKTP3**

Date of Receipt

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

Amount of Each Receipt this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**Subtotal Of Receipts This Page (optional)**.....▶ 

50.00
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**Total This Period (last page this line number only)**.....▶ 

50.00
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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**FRANCESCA CAREY**

Mailing Address 1075 Kupulau Dr  
Kihei, Maui, USA

City State Zip Code  
Kihei HI 96753-9203

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

Name of Employer Occupation  
FABMAC HOMES, INC. consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
195.00

**Transaction ID : VQCFK9KMN56**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2015

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1075 Kupulau Dr  
Kihei, Maui, USA

City State Zip Code  
Kihei HI 96753-9203

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

Name of Employer Occupation  
FABMAC HOMES, INC. consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
220.00

**Transaction ID : VQCFK9KMQB7**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2015

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1075 Kupulau Dr  
Kihei, Maui, USA

City State Zip Code  
Kihei HI 96753-9203

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

Name of Employer Occupation  
FABMAC HOMES, INC. consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
245.00

**Transaction ID : VQCFK9KNE17**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

Amount of Each Receipt this Period  
20.00

**Subtotal Of Receipts This Page** (optional).....▶ 65.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**FRANCESCA CAREY**

Mailing Address 1075 Kupulau Dr  
Kihei, Maui, USA

City State Zip Code  
Kihei HI 96753-9203

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

Name of Employer Occupation  
FABMAC HOMES, INC. consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
245.00

**Transaction ID : VQCFK9KNE74**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

5.00
------

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

Mailing Address 1075 Kupulau Dr  
Kihei, Maui, USA

City State Zip Code  
Kihei HI 96753-9203

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

Name of Employer Occupation  
FABMAC HOMES, INC. consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.00

**Transaction ID : VQCFK9KNKC4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			28			2015			

Amount of Each Receipt this Period

25.00
-------

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KNKC4E**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2015			

Amount of Each Receipt this Period

25.00
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**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**Subtotal Of Receipts This Page** (optional).....▶ 

30.00
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**Total This Period** (last page this line number only).....▶ 

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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 64 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**FRANCESCA CAREY**

Mailing Address 1075 Kupulau Dr  
Kihei, Maui, USA

City State Zip Code  
Kihei HI 96753-9203

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

Name of Employer Occupation  
FABMAC HOMES, INC. consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
290.00

**Transaction ID : VQCFK9KPA58**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1075 Kupulau Dr  
Kihei, Maui, USA

City State Zip Code  
Kihei HI 96753-9203

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

Name of Employer Occupation  
FABMAC HOMES, INC. consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
315.00

**Transaction ID : VQCFK9KPBJ4**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1300 13th St NW  
Apt 307

City State Zip Code  
Washington DC 20005-4476

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

Name of Employer Occupation  
Carliner Strategies LLC Lobbyist, Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KNV81**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1045.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Christine Carr**

Mailing Address 93 Nayatt Road

City State Zip Code  
Barrington RI 02806

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KJAQ0**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2015

Amount of Each Receipt this Period  
1700.00

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

Mailing Address PO Box 9088

City State Zip Code  
Providence RI 02940-9088

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

Name of Employer Occupation  
BuildRI Chairman/President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KKJS1**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2015

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 93 Nayatt Rd

City State Zip Code  
Barrington RI 02806-3310

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

Name of Employer Occupation  
Lucy's Irish Pub Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KKGQ1**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 5400.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jackie and Dave Carrera**

Mailing Address 6520 Sandy Point Court

City	State	Zip Code
Rancho Palos Verdes	CA	90275

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

Name of Employer	Occupation
University of Southern California	Development

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KP8Z0**

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2015

Amount of Each Receipt this Period

_____ 500.00
--------------

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

Mailing Address 11 Prince Street

City	State	Zip Code
Needham	MA	02492

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

Name of Employer	Occupation
Mintz Levin	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1250.00

**Transaction ID : VQCFK9KN5N7**

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period

_____ 250.00
--------------

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

Mailing Address 4323 N 30th

City	State	Zip Code
Boulder	CO	80301

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

Name of Employer	Occupation
University of Colorado	Professor

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

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

**Transaction ID : VQCFK9KNW26**

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2015

Amount of Each Receipt this Period

_____ 250.00
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**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1000.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 67 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Webster Cash**

Mailing Address 2778 W 22nd Ave

City	State	Zip Code
Denver	CO	80211-5108

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Wheeler Trigg O'Donnell LLP	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKHD5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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**B.** Full Name (Last, First, Middle Initial)  
**Webster Cash**

Mailing Address 2778 W 22nd Ave

City	State	Zip Code
Denver	CO	80211-5108

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Wheeler Trigg O'Donnell LLP	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNQ32**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2200.00"/>
--------------------------------------

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

Mailing Address 4619 Sheppard Manor Dr

City	State	Zip Code
Ellicott City	MD	21042-1455

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
McGuire Woods, LLP.	Managing Partner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNF85**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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

SCHEDULE A-P  
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

16 17a 17b 17c 17d 18  
19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)  
O'Malley for President

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

Mailing Address 1905 Harney St  
Ste 710

City Omaha State NE Zip Code 68102-2314

FEC ID number of contributing federal political committee. C

Name of Employer Cavanaugh Law Firm PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
220.16

Transaction ID : VQCFK9KKRP8

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2015

Amount of Each Receipt this Period

100.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

Transaction ID : VQCFK9KKRP8

Date of Receipt

M M / D D / Y Y Y Y  
08 / 05 / 2015

Amount of Each Receipt this Period

100.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

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

Mailing Address 1525 Locust St  
Fl 10

City Philadelphia State PA Zip Code 19102-3712

FEC ID number of contributing federal political committee. C

Name of Employer Ceisler Media & Issue Advocacy, LLC Occupation Principal/Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Transaction ID : VQCFK9KNV31

Date of Receipt

M M / D D / Y Y Y Y  
09 / 16 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... 1100.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Johnnie Chace**

Mailing Address 46 Aborn St

City State Zip Code  
Providence RI 02903

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

Name of Employer Occupation  
Family Service FundRaiser

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KKWW4**

Date of Receipt

/  /

Amount of Each Receipt this Period

500.00

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

Mailing Address 622 Hanley Ave

City State Zip Code  
Los Angeles CA 90049-1925

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

Name of Employer Occupation  
UCLA IT director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KPCQ98**

Date of Receipt

/  /

Amount of Each Receipt this Period

2700.00

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

Mailing Address 218 Benjamin Terrace

City State Zip Code  
Providence KY 42450

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

Name of Employer Occupation  
Self Employed- Kent A Chandler Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KPCV5**

Date of Receipt

/  /

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page** (optional).....▶

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one) **PAGE 70 / 772**  
 16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia D Chase**

Mailing Address 30 Bancroft Park

City State Zip Code  
 Hopedale MA 01747-1810

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

Name of Employer Occupation Information Requested  
 Planned Parenthood of Maryland Interim CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

**Transaction ID : VQCFK9KNN13**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2015

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 31 N Decker Ave

City State Zip Code  
 Baltimore MD 21224

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

Name of Employer Occupation Information Requested  
 Planned Parenthood of Maryland Interim CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

**Transaction ID : VQCFK9KMVT4**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2015

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 70 Rockledge Road

City State Zip Code  
 Bronxville NY 10708

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

Name of Employer Occupation Information Requested  
 BlackRock Financial Services

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

**Transaction ID : VQCFK9KK2G6**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2015

Amount of Each Receipt this Period  
 500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Yara A Cheikh**

Mailing Address 525 Saint Francis Road

City State Zip Code  
Towson MD 21286

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

Name of Employer Occupation  
Creating Equity, LLC Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KMYF4**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 98-1702 Hapaki St

City State Zip Code  
Aiea HI 96701

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

Name of Employer Occupation  
Retired CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KMT66**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 11300 Cotswold Spring Farm Ln

City State Zip Code  
Ellicott City MD 21042-2029

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KNZT2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period  
300.00

**Subtotal Of Receipts This Page** (optional).....▶ 800.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

**Charles Christianson**

Mailing Address 12140 Turning Branch Circle

City State Zip Code  
Glen Allen VA 23059

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Connexions Loyalty Senior Vice President Sales, Account

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP5V3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1250.00"/>
--------------------------------------

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

**Amy J Christie**

Mailing Address 3 Cindy Cir

City State Zip Code  
Enola PA 17025-1811

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pennsylvania Licensed Beverage Associa Executive Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNN05**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="999.00"/>
-------------------------------------

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

**Joseph Cieply**

Mailing Address 938 Meadow Crest Drive

City State Zip Code  
Pittsburgh PA 15237

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Highmark Senior Labor Affairs Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNXK1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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Subtotal Of Receipts This Page (optional).....

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 73 / 772	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b
<input type="checkbox"/> 18	<input type="checkbox"/> 21	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Ben Cirka**

Mailing Address **9 Clipping Tree Lane**

City **Cockeysville** State **MD** Zip Code **21030**

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

Name of Employer **Soldier's Joy** Occupation **Director**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KPQ31**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **1387 Cumberstone Box 1**

City **West River** State **MD** Zip Code **20778**

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

Name of Employer **Virginia Clagett** Occupation **MD. Legislator, Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KPJF5**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 29 / 2015**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **30 Alice Peck Day Dr**  
**Unit 420**

City **Lebanon** State **NH** Zip Code **03766-2693**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KNX69**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 17 / 2015**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page (optional)** ..... **1750.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 74 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 4083 Dietz Farm Cir NW

City	State	Zip Code
Los Ranchos	NM	87107-3103

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
UNM	MD

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : **VQCFK9KJXQ1**

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period

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

Mailing Address 4083 Dietz Farm Cir NW

City	State	Zip Code
Los Ranchos	NM	87107-3103

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
UNM	MD

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : **VQCFK9KMJE0**

Date of Receipt

M M / D D / Y Y Y Y
08 / 22 / 2015

Amount of Each Receipt this Period

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

Mailing Address 4083 Dietz Farm Cir NW

City	State	Zip Code
Los Ranchos	NM	87107-3103

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
UNM	MD

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : **VQCFK9KPR59**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry N. Clark**

Mailing Address 1939 Calvert St NW

City Washington State DC Zip Code 20009

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

Name of Employer Clark Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
85.16

**Transaction ID : VQCFK9KJWC1**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2015

Amount of Each Receipt this Period  
15.00

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

Mailing Address 1939 Calvert St NW

City Washington State DC Zip Code 20009

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

Name of Employer Clark Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
110.16

**Transaction ID : VQCFK9KK158**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1939 Calvert St NW

City Washington State DC Zip Code 20009

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

Name of Employer Clark Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
125.16

**Transaction ID : VQCFK9KK3H6**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2015

Amount of Each Receipt this Period  
15.00

**Subtotal Of Receipts This Page** (optional).....▶ 55.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 76 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry N. Clark**

Mailing Address 1939 Calvert St NW

City Washington State DC Zip Code 20009

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

Name of Employer Clark Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
135.16

**Transaction ID : VQCFK9KKKR6**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2015

Amount of Each Receipt this Period  
10.00

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

Mailing Address 1939 Calvert St NW

City Washington State DC Zip Code 20009

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

Name of Employer Clark Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
150.16

**Transaction ID : VQCFK9KKYC2**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2015

Amount of Each Receipt this Period  
15.00

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

Mailing Address 1939 Calvert St NW

City Washington State DC Zip Code 20009

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

Name of Employer Clark Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
160.16

**Transaction ID : VQCFK9KM992**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2015

Amount of Each Receipt this Period  
10.00

**Subtotal Of Receipts This Page** (optional).....▶ 35.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry N. Clark**

Mailing Address 1939 Calvert St NW

City Washington State DC Zip Code 20009

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

Name of Employer Clark Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
175.16

**Transaction ID : VQCFK9KMH64**

Date of Receipt

/  /

Amount of Each Receipt this Period

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

Mailing Address 1939 Calvert St NW

City Washington State DC Zip Code 20009

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

Name of Employer Clark Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
190.16

**Transaction ID : VQCFK9KN128**

Date of Receipt

/  /

Amount of Each Receipt this Period

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

Mailing Address 1939 Calvert St NW

City Washington State DC Zip Code 20009

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

Name of Employer Clark Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
215.16

**Transaction ID : VQCFK9KNPN1**

Date of Receipt

/  /

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry N. Clark**

Mailing Address 1939 Calvert St NW

City	State	Zip Code
Washington	DC	20009

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Clark Associates	Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP1V4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

Amount of Each Receipt this Period

<input type="text" value="10.00"/>
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**B.** Full Name (Last, First, Middle Initial)  
**Jerry N. Clark**

Mailing Address 1939 Calvert St NW

City	State	Zip Code
Washington	DC	20009

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Clark Associates	Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP5H4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			21			2015			

Amount of Each Receipt this Period

<input type="text" value="15.00"/>
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**C.** Full Name (Last, First, Middle Initial)  
**Jerry N. Clark**

Mailing Address 1939 Calvert St NW

City	State	Zip Code
Washington	DC	20009

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Clark Associates	Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPBE2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			27			2015			

Amount of Each Receipt this Period

<input type="text" value="25.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry N. Clark**

Mailing Address 1939 Calvert St NW

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
Clark Associates Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
315.16

**Transaction ID : VQCFK9KPKM6**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1939 Calvert St NW

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
Clark Associates Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
340.16

**Transaction ID : VQCFK9KQ3G9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
25.00

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

Mailing Address 7 Mattawoman Way

City State Zip Code  
Accokeek MD 20607

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

Name of Employer Occupation  
Jackson and Tull Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNQR8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 575.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 370 17th Street  
4500

City State Zip Code  
Denver CO 80202

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

Name of Employer Occupation  
Wheeler Trigg O'Donnell Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNXH5**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5784 Irish Creek Rd

City State Zip Code  
Royal Oak MD 21662-1313

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

Name of Employer Occupation  
Long and Foster Real Estate Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KP8W6**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 92 Jane St  
Fl 4

City State Zip Code  
New York NY 10014-1730

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

Name of Employer Occupation  
300 Entertainment CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KK912**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 4950.00

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
O'Malley for President

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

Susan J. Cohen

Mailing Address 1 Financial Ctr  
FI 40

City Boston State MA Zip Code 02111-2641

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mintz Levin Member- founder & Chair of Immigration

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Transaction ID : VQCFK9KKAN3

Date of Receipt

M M / D D / Y Y Y Y  
07 / 27 / 2015

Amount of Each Receipt this Period

1000.00

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

John Cole

Mailing Address 310 Page Rd.

City Nashville State TN Zip Code 37205

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Waller Lansden Dortch & Davis, LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Transaction ID : VQCFK9KM7D1

Date of Receipt

M M / D D / Y Y Y Y  
08 / 17 / 2015

Amount of Each Receipt this Period

500.00

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

Teddy Colley

Mailing Address PO Box 2141

City Pikeville State KY Zip Code 41502-2141

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
n/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Transaction ID : VQCFK9KPJY2

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... 2000.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

O'Malley for President

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

Charles J Collier

Mailing Address 300 2nd Ave  
Unit 2130

City Needham State MA Zip Code 02494-2893

FEC ID number of contributing federal political committee.

Name of Employer Stonebridge Associates Occupation Investment Banking

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

Transaction ID : VQCFK9KJC37

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2015

Amount of Each Receipt this Period

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

Dana Collins

Mailing Address 221 Broadmoor Avenue

City Pittsburgh State PA Zip Code 15228

FEC ID number of contributing federal political committee.

Name of Employer Highmark Blue Cross Blue Shield Occupation Sales

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

Transaction ID : VQCFK9KNG21

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2015

Amount of Each Receipt this Period

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

John T. Collins

Mailing Address 5961 Searl Ter

City Bethesda State MD Zip Code 20816-2022

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Lawyer

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

Transaction ID : VQCFK9KNVB4

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Robin Collins**

Mailing Address 59 Husted Lane

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Occupation  
n/a Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KP500**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3422 Guilford Ter

City State Zip Code  
Baltimore MD 21218-2826

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

Name of Employer Occupation  
Johns Hopkins Medicine Senior VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KK2A8**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2015

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1921 N Dayton St

City State Zip Code  
Chicago IL 60614-5028

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

Name of Employer Occupation  
Conlon Real Estate President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

**Transaction ID : VQCFK9KP7R2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

Amount of Each Receipt this Period  
750.00

**Subtotal Of Receipts This Page** (optional).....▶ 2000.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 84 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

O'Malley for President

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

Nancy Cooney

Mailing Address 80A W Cedar St

City	State	Zip Code
Boston	MA	02114-3372

FEC ID number of contributing federal political committee.

C

Name of Employer  
US DOTOccupation  
research analyst

Receipt For: 2016

 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

**Transaction ID : VQCFK9KN8E7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			06			2015			

Amount of Each Receipt this Period

200.00

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

Nancy Cooney

Mailing Address 80A W Cedar St

City	State	Zip Code
Boston	MA	02114-3372

FEC ID number of contributing federal political committee.

C

Name of Employer  
US DOTOccupation  
research analyst

Receipt For: 2016

 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : VQCFK9KPAB5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			26			2015			

Amount of Each Receipt this Period

100.00

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

Bruce Cooper

Mailing Address 511 Goodl.and Place

City	State	Zip Code
Rockville	MD	20850

FEC ID number of contributing federal political committee.

C

Name of Employer  
self-employedOccupation  
lawyer

Receipt For: 2016

 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : VQCFK9KM5F1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2015			

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....

550.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Cooper**

Mailing Address 511 Goodland Place

City	State	Zip Code
Rockville	MD	20850

FEC ID number of contributing federal political committee.

Name of Employer self-employed	Occupation lawyer
-----------------------------------	----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPKV1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="25.00"/>
------------------------------------

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

Mailing Address 511 Goodland Pl

City	State	Zip Code
Rockville	MD	20850

FEC ID number of contributing federal political committee.

Name of Employer Self	Occupation Meeting Planner
--------------------------	-------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM5G9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

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

Mailing Address 1935 Woodshade Ct

City	State	Zip Code
Bowie	MD	20721-4109

FEC ID number of contributing federal political committee.

Name of Employer Sedgwick LLP	Occupation Lawyer
----------------------------------	----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKER4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Harmon Cooper**

Mailing Address 1935 Woodshade Ct

City	State	Zip Code
Bowie	MD	20721-4109

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Sedgwick LLP	Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP286**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			20			2015			

Amount of Each Receipt this Period

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

Mailing Address PO Box 4339

City	State	Zip Code
Long Beach	CA	90804

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN6X0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period

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

Mailing Address 6200 Poindexter Ln

City	State	Zip Code
Rockville	MD	20852

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Montgomery County Schools	Educator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMNS4**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Scott Copeland**

Mailing Address **6200 Poindexter Ln**

City **Rockville** State **MD** Zip Code **20852-3643**

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

Name of Employer **RST Development, LLC** Occupation **Principal**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KMNR6**

Date of Receipt  
**08 / 25 / 2015**

Amount of Each Receipt this Period  
**1200.00**

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

Mailing Address **1911 Cranbourne Rd**

City **Lutherville Timonium** State **MD** Zip Code **21093-7017**

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

Name of Employer **Brinton Woods** Occupation **President**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KP4M5**

Date of Receipt  
**09 / 22 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Monica & Alex Cortright**

Mailing Address **2711 Church Creek Ln**

City **Edgewater** State **MD** Zip Code **21037**

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

Name of Employer **Towson University Public Media** Occupation **Radio Personality**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KP245**

Date of Receipt  
**09 / 20 / 2015**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **2450.00**

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





**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

PAGE 89 / 772

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NAME OF COMMITTEE (In Full)  
O'Malley for President

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

William Cowan  
Mailing Address 170 Connie Lane

City Stoughton State MA Zip Code 02072

FEC ID number of contributing federal political committee.

Name of Employer Mintz Levin/ML Strategies LLC Occupation Attorney/consultant/lobbyist

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

**Transaction ID : VQCFK9KNE41**

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2015

Amount of Each Receipt this Period

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

Margareta A Crampton  
Mailing Address 1222 N Lincoln St

City Arlington State VA Zip Code 22201-4914

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

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

**Transaction ID : VQCFK9KQB59**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Amount of Each Receipt this Period

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

Daniel Cronin  
Mailing Address 69 Harristown Rd  
Apt 6

City Paradise State PA Zip Code 17562-9636

FEC ID number of contributing federal political committee.

Name of Employer RFK Human Rights Occupation Communications

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

**Transaction ID : VQCFK9KJZG9**

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Cronin**

Mailing Address **69 Harristown Rd**  
**Apt 6**

City **Paradise** State **PA** Zip Code **17562-9636**

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

Name of Employer **RFK Human Rights** Occupation **Communications**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**120.00**

**Transaction ID : VQCFK9KM427**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 13 / 2015**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address **69 Harristown Rd**  
**Apt 6**

City **Paradise** State **PA** Zip Code **17562-9636**

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

Name of Employer **RFK Human Rights** Occupation **Communications**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**135.00**

**Transaction ID : VQCFK9KMWE2**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 30 / 2015**

Amount of Each Receipt this Period  
**15.00**

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

Mailing Address **69 Harristown Rd**  
**Apt 6**

City **Paradise** State **PA** Zip Code **17562-9636**

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

Name of Employer **RFK Human Rights** Occupation **Communications**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**235.00**

**Transaction ID : VQCFK9KPPP8**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 29 / 2015**

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional).....▶ **135.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Harriett M. Crosby**

Mailing Address 6515 79th Pl

City	State	Zip Code
Cabin John	MD	20818-1223

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ISAR	Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNVF6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

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

Mailing Address 10141 Dallas Ave

City	State	Zip Code
Silver Spring	MD	20901

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Marketing Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNH13**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

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

Mailing Address 10141 Dallas Ave

City	State	Zip Code
Silver Spring	MD	20901

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Marketing Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQ5R5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 4606 Greene PI NW

City	State	Zip Code
Washington	DC	20007-2509

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

Name of Employer	Occupation
Cornerstone Government Affairs	VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
       
             
**500.00**

**Transaction ID : VQCFK9KNVK8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09		/	16		/	2015			

Amount of Each Receipt this Period  
       
**500.00**

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

Mailing Address 22 Roland Grn

City	State	Zip Code
Baltimore	MD	21210-2506

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
       
             
**500.00**

**Transaction ID : VQCFK9KRCG6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07		/	23		/	2015			

Amount of Each Receipt this Period  
       
**500.00**

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

Mailing Address 22 Roland Grn

City	State	Zip Code
Baltimore	MD	21210-2506

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
       
             
**1500.00**

**Transaction ID : VQCFK9KQ624**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09		/	30		/	2015			

Amount of Each Receipt this Period  
       
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **2000.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael E. Cryor**

Mailing Address 22 Roland Grn

City	State	Zip Code
Baltimore	MD	21210-2506

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

Name of Employer	Occupation
The Cryor Group, LLC	Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK1E9**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			23			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**John Joseph Curran Jr.**

Mailing Address 5203 Springlake Way

City	State	Zip Code
Baltimore	MD	21212-3421

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

Name of Employer	Occupation
Chesapeake employers insurance	Assistant Vice President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPVG3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**James P Curran III**

Mailing Address 1003 Chesterfield Pkwy

City	State	Zip Code
East Lansing	MI	48823-4114

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

Name of Employer	Occupation
Karoub Associates	Partner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM297**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			13			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 94 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 5203 Springlake Way

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Chesapeak Employers Insurancr	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK0M4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

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

Mailing Address 5203 Springlake Way

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Chesapeak Employers Insurancr	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM155**

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

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

Mailing Address 5203 Springlake Way

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Chesapeak Employers Insurancr	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMHK7**

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 5203 Springlake Way

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Chesapeak Employers Insurancr	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMV90**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

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

Mailing Address 5203 Springlake Way

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Chesapeak Employers Insurancr	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN974**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

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

Mailing Address 10021 Carmelita Dr

City	State	Zip Code
Potomac	MD	20854-4250

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Squire Patton Boggs	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNEV2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**James E Cusack Jr**

Mailing Address 1310 Bolton St

City State Zip Code  
Baltimore MD 21217-4101

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

Name of Employer Occupation  
Charles - Senator Theater Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KN501**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1310 Bolton St

City State Zip Code  
Baltimore MD 21217-4101

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

Name of Employer Occupation  
James Cusack Charles Theatre

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KK946**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2015

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4915 Deer Park Road

City State Zip Code  
Owings Mills MD 21117

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

Name of Employer Occupation  
Doctor American Assoc of Colleges of Osteopat

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KMS63**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 97 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Thomas J. D'Alesandro III</b>			<b>Transaction ID : VQCFK9KMWW3</b>		
Mailing Address <b>6646 Walnutwood Cir</b>			Date of Receipt M M / D D / Y Y Y Y <b>08 / 31 / 2015</b>		
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21212-1213</b>	Amount of Each Receipt this Period <b>2000.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Name of Employer <b>Retired</b>		
Occupation <b>Retired</b>			Election Cycle-to-Date <b>2000.00</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Elizabeth Y. D'arcy</b>			<b>Transaction ID : VQCFK9KNVD0</b>		
Mailing Address <b>5700 Roosevelt St</b>			Date of Receipt M M / D D / Y Y Y Y <b>09 / 16 / 2015</b>		
City <b>Bethesda</b>	State <b>MD</b>	Zip Code <b>20817-6742</b>	Amount of Each Receipt this Period <b>1000.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Name of Employer <b>Akin, Gump, Strauss, Hauer &amp; Feld</b>		
Occupation <b>Partner</b>			Election Cycle-to-Date <b>2000.00</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ruth D'Eredita</b>			<b>Transaction ID : VQCFK9KM0F1</b>		
Mailing Address <b>5137 Remington Dr</b>			Date of Receipt M M / D D / Y Y Y Y <b>08 / 12 / 2015</b>		
City <b>Brentwood</b>	State <b>TN</b>	Zip Code <b>37027-3000</b>	Amount of Each Receipt this Period <b>1000.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Name of Employer <b>Self Employed</b>		
Occupation <b>Writer</b>			Election Cycle-to-Date <b>1000.00</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

**Subtotal Of Receipts This Page** (optional)..... **4000.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 98 / 772

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Clinton Daly**

Mailing Address **PO Box 686**  
**10214 Falls Rd**

City **Brooklandville** State **MD** Zip Code **21022-0686**

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

Name of Employer **Brown Advisory** Occupation **Finance**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KN0M7**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 01 / 2015**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **1609 Ingram Ter**

City **Silver Spring** State **MD** Zip Code **20906**

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

Name of Employer **ITility, LLC** Occupation **Sr. Program Analyst**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1650.00**

**Transaction ID : VQCFK9KPB01**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 26 / 2015**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **770 Williams Cove Dr**

City **Indianapolis** State **IN** Zip Code **46260-5341**

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

Name of Employer **Pearson** Occupation **Education**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KKKN2**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 31 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **5500.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Stormi Daniels**

Mailing Address 770 Williams Cove Dr

City Indianapolis State IN Zip Code 46260-5341

FEC ID number of contributing federal political committee.

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKKP0**

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

Amount of Each Receipt this Period

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

Mailing Address 1088 Summit Prospect Ave

City Lakewood State OH Zip Code 44107

FEC ID number of contributing federal political committee.

Name of Employer The Dann Law Firm Co. LPA Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPX26**

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

Amount of Each Receipt this Period

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

Mailing Address 15 Marion Rd

City Wakefield State MA Zip Code 01880

FEC ID number of contributing federal political committee.

Name of Employer Danoff Contracting Occupation General Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMQ51**

Date of Receipt  
M M / D D / 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).....

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas Danoff**

Mailing Address 120 Glen St

City Malden State MA Zip Code 02148-1106

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

Name of Employer strong point consulting Occupation computer consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
320.16

**Transaction ID : VQCFK9KN4A7**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2015

Amount of Each Receipt this Period

200.00

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

Mailing Address 5505 Waterloo Rd  
Unit 423

City Ellicott City State MD Zip Code 21043-7180

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1700.00

**Transaction ID : VQCFK9KP0P1**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period

600.00

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

Mailing Address 5505 Waterloo Rd  
Unit 423

City Ellicott City State MD Zip Code 21043-7180

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1700.00

**Transaction ID : VQCFK9KP0Q9**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period

1100.00

**Subtotal Of Receipts This Page** (optional).....▶ 1900.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 6210 Randall Court

City State Zip Code  
Alexandria VA 22307

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dyson Capital Finance

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNR01**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			14			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

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

Mailing Address 7904 Wykeham Dr

City State Zip Code  
Austin TX 78749-3249

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMM61**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

Amount of Each Receipt this Period

<input type="text" value="200.00"/>
-------------------------------------

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

Mailing Address 7904 Wykeham Dr

City State Zip Code  
Austin TX 78749-3249

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPHG1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

<input type="text" value="400.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 902 S Batavia Ave

City State Zip Code  
Geneva IL 60134-3011

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

Name of Employer Occupation  
ASC Partners, LLC Managing Member

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

**Transaction ID : VQCFK9KPKT3**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period

2500.00

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

Mailing Address 5612 Saint Albans Way

City State Zip Code  
Baltimore MD 21212-2954

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

Name of Employer Occupation  
declined declined

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KPBW3**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 27 / 2015

Amount of Each Receipt this Period

200.00

**C.** Full Name (Last, First, Middle Initial)  
**Tracy Barger De Jong**

Mailing Address 9809 Juniper Hill Rd

City State Zip Code  
Rockville MD 20850-5463

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

Name of Employer Occupation  
n/a Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : VQCFK9KKFG3**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2015

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 3700.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Tracy Barger De Jong**

Mailing Address 9809 Juniper Hill Rd

City	State	Zip Code
Rockville	MD	20850-5463

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPH04**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

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

Mailing Address 58 Perry St

City	State	Zip Code
Newport	RI	02840

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Investor

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJFT4**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			08			2015			

Amount of Each Receipt this Period

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

Mailing Address 18 Chasemount Ct

City	State	Zip Code
Baltimore	MD	21209-1053

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HFAM	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJYV5**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 / 772			
	<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Rebecca D. Demattos</b> Mailing Address 18 Chasemount Ct			<b>Transaction ID : VQCFK9KPSG7</b> Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015	
City Baltimore    State MD    Zip Code 21209-1053		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">250.00</div>		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>		Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
Name of Employer JHU    Occupation Meeting Planner		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Daniel R Denison</b> Mailing Address 1015 Martin Pl			<b>Transaction ID : VQCFK9KM289</b> Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2015	
City Ann Arbor    State MI    Zip Code 48104-3510		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">500.00</div>		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>		Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>		
Name of Employer Denison Consulting    Occupation Chairman & Founding Partner		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Alvaro Derrough Salas</b> Mailing Address 362 W Broadway			<b>Transaction ID : VQCFK9KRB9</b> Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015	
City New York    State NY    Zip Code 10013-5303		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">2700.00</div>		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>		Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div>		
Name of Employer Information Requested    Occupation Information Requested		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**Subtotal Of Receipts This Page** (optional).....▶ 

3450.00

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Cristofer Malespin Diaz**

Mailing Address

City State Zip Code  
San Juan PR

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

Name of Employer Occupation  
Puerto Rico House of Representatives Legislative Assistant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KKMZ2**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 03 / 2015

Amount of Each Receipt this Period

500.00

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

Mailing Address 300 Gittings Ave

City State Zip Code  
Baltimore MD 21212

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

Name of Employer Occupation  
Johns Hopkins University Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KKDH7**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2015

Amount of Each Receipt this Period

1000.00

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

Mailing Address 23 Business Park Dr

City State Zip Code  
Smithfield RI 02917-1955

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

Name of Employer Occupation  
DiGregorio, Inc. Controller

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KJJ98**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2015

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 2500.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address **PO Box 4339**

City **Long Beach** State **CA** Zip Code **90804-0339**

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

Name of Employer **Dillon Consulting** Occupation **Sole Proprietor**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KN6T9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 04 / 2015**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **1500 Market St  
Ste 3500E**

City **Philadelphia** State **PA** Zip Code **19102-2101**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KNNP9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 12 / 2015**

Amount of Each Receipt this Period  
**1000.00**

Partnership Contribution. Partners Below if Itemized

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

Mailing Address **6605 June Apple Ct**

City **Columbia** State **MD** Zip Code **21045-4492**

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

Name of Employer **n/a** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KQDN9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **4200.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Edward M. Doherty**

Mailing Address 50 Franklin St  
3rd FL.

City Boston State MA Zip Code 02110-1308

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5400.00

**Transaction ID : VQCFK9KNA00**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2015

Amount of Each Receipt this Period  
4400.00

Excessive portion of this contribution to be re-attributed to spouse

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

Mailing Address 39349 Bolington Rd

City Lovettsville State VA Zip Code 20180-3405

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

Name of Employer U.S. Foods Occupation Regional Category Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00

**Transaction ID : VQCFK9KJBC6**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2015

Amount of Each Receipt this Period  
500.00

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

Mailing Address 39349 Bolington Rd

City Lovettsville State VA Zip Code 20180-3405

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

Name of Employer U.S. Foods Occupation Regional Category Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00

**Transaction ID : VQCFK9KKMP3**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 5400.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 39349 Bolington Rd

City	State	Zip Code
Lovettsville	VA	20180-3405

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
U.S. Foods	Regional Category Manager

Receipt For:	Election Cycle-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>

**Transaction ID : VQCFK9KN4B5**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	01	/	2015

Amount of Each Receipt this Period

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

Mailing Address 11701 Lake Victoria Gardens Ave

City	State	Zip Code
Palm Beach Gardens	FL	33410-2706

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Attorney

Receipt For: 2016	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>

**Transaction ID : VQCFK9KPS92**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	30	/	2015

Amount of Each Receipt this Period

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

Mailing Address 11701 Lake Victoria Gardens Ave  
Ste 3201

City	State	Zip Code
Palm Beach Gardens	FL	33410-2765

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Domnick & Shevin	Attorney

Receipt For: 2016	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>

**Transaction ID : VQCFK9KMEC5**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	10	/	2015

Amount of Each Receipt this Period

\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 14 Arrow St  
Ste 11  
City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KMEC5E**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2015

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

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

Mailing Address 112 Taplow Rd  
City Baltimore State MD Zip Code 21212

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

Name of Employer Occupation  
Retired Retired

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

**Transaction ID : VQCFK9KPZN9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert L. Doory Jr.**

Mailing Address 112 Taplow Rd  
City Baltimore State MD Zip Code 21212-3312

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

Name of Employer Occupation  
Miles & Stockbridge P.C. lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1500.00

**Transaction ID : VQCFK9KP8K5**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page (optional)**.....▶ 1000.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Brandy Dopkin**

Mailing Address 6903 Granite Ridge Court

City Baltimore State MD Zip Code 21209

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

Name of Employer Classic Coldpring East Occupation Human Resources

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KPBM9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank C. Dudenhefer Jr.**

Mailing Address 5200 Saint Charles Ave

City New Orleans State LA Zip Code 70115-4943

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KPJM3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period  
2200.00

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

Mailing Address 9840 Owen Brown Rd

City Columbia State MD Zip Code 21045

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

Name of Employer Self Occupation Healer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

**Transaction ID : VQCFK9KP4A6**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

Amount of Each Receipt this Period  
200.00

**Subtotal Of Receipts This Page** (optional).....▶ 5100.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen M. Dumais**

Mailing Address 33 Wood Lane

City	State	Zip Code
Rockville	MD	20850

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

Name of Employer	Occupation
Ethridge Quinn/State of Maryland	Attorney/Legislator

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 750.00

**Transaction ID : VQCFK9KPDD8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 500.00

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

Mailing Address 1342 W Street NW

City	State	Zip Code
Washington	DC	20009

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

Name of Employer	Occupation
DuSable Capital	Managing Director

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KM8B5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 2700.00

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

Mailing Address 11256 N Main Street Ext

City	State	Zip Code
Glen Rock	PA	17327-9414

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

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

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

**Transaction ID : VQCFK9KNSV5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 250.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 3450.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia E Dwyer**

Mailing Address 11256 N Main Street Ext

City State Zip Code  
Glen Rock PA 17327-9414

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

**Transaction ID : VQCFK9KQB67**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
75.00

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

Mailing Address 206 E Montgomery St

City State Zip Code  
Baltimore MD 21230-3926

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

Name of Employer Occupation  
RouseStruever Bros., Eccles, & Rouse Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KPV89**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
250.00

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

Mailing Address 722 Botany Bay Cir

City State Zip Code  
Pflugerville TX 78660-8007

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

Name of Employer Occupation  
Canon Nanotech Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
150.00

**Transaction ID : VQCFK9KME26**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2015

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 425.00

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Eckert**

Mailing Address 722 Botany Bay Cir

City	State	Zip Code
Pflugerville	TX	78660-8007

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Canon Nanotech	Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPXK0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

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

Mailing Address 5502 Roosevelt Street

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JDE Consulting	Real Estate Finance

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMWP6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	5

Amount of Each Receipt this Period

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

Mailing Address 2856 Arizona Ave NW

City	State	Zip Code
Washington	DC	20016-3415

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
YCF Group LLC	Principal

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKWV6**

Date of Receipt

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

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Ashly Emmer**

Mailing Address 1010 Saint Georges Rd

City	State	Zip Code
Baltimore	MD	21210-1413

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Community College of Baltimore County	Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPMN6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

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

Mailing Address 9829 Rosensteel Ave

City	State	Zip Code
Silver Spring	MD	20910-1152

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AHC	Info Coordinator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP1S8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			19			2015			

Amount of Each Receipt this Period

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

Mailing Address 415 Oak Grove St  
Apt 600

City	State	Zip Code
Minneapolis	MN	55403-3990

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Solomon Strategies Group	Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMXT8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address **415 Oak Grove St  
Apt 600**

City **Minneapolis** State **MN** Zip Code **55403-3990**

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

Name of Employer **Solomon Strategies Group** Occupation **Lobbyist**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KNTJ7**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 15 / 2015**

Amount of Each Receipt this Period  
**1700.00**

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

Mailing Address **5618 Berkshire Drive**

City **Los Angeles** State **CA** Zip Code **90032**

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

Name of Employer **Maya Cinemas** Occupation **Director**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

**Transaction ID : VQCFK9KMAK3**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 18 / 2015**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **25 Central Park W  
10V**

City **New York** State **NY** Zip Code **10023-7253**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1100.00**

**Transaction ID : VQCFK9KRBQ8**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**1100.00**

**Subtotal Of Receipts This Page** (optional).....▶ **3300.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Alex Evans**

Mailing Address 35 Acacia Dr.

City	State	Zip Code
Orinda	CA	94563

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

Name of Employer	Occupation
EMC Research, Inc.	Market Research

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KMCP1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 500.00

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

Mailing Address 2086 E Lake Rd NE

City	State	Zip Code
Atlanta	GA	30307-1834

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

Name of Employer	Occupation
n/a	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KNFS9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 500.00

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

Mailing Address 4506 Mary Ave

City	State	Zip Code
Baltimore	MD	21206-2804

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

Name of Employer	Occupation
City of Baltimore	Community Officer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

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

**Transaction ID : VQCFK9KPMP4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 250.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1250.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

### SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dr. GS Everly Jr.</b>		<b>Transaction ID : VQCFK9KJSA9</b>	
Mailing Address <b>702 Severnside Ave</b>		Date of Receipt M M / D D / Y Y Y Y <b>07 / 15 / 2015</b>	
City <b>Severna Park</b>	State <b>MD</b>	Zip Code <b>21146</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer <b>Johns Hopkins School of Medicine</b>	Occupation <b>Professor</b>	Election Cycle-to-Date <b>1000.00</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <b>1000.00</b>	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Gunay Evinch</b>		<b>Transaction ID : VQCFK9KNWZ3</b>	
Mailing Address <b>11132 Willowbrook Drive</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 17 / 2015</b>	
City <b>Potomac</b>	State <b>MD</b>	Zip Code <b>20854</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2000.00</b>	
Name of Employer <b>Saltzman &amp; Evinch PLLC</b>	Occupation <b>Lawyer, Partner</b>	Election Cycle-to-Date <b>2000.00</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <b>2000.00</b>	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Lynn A Ewanco</b>		<b>Transaction ID : VQCFK9KNMJ4</b>	
Mailing Address <b>133 Homer Cir</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 12 / 2015</b>	
City <b>Mc Kees Rocks</b>	State <b>PA</b>	Zip Code <b>15136-2039</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>	
Name of Employer <b>n/a</b>	Occupation <b>Homemaker</b>	Election Cycle-to-Date <b>500.00</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <b>500.00</b>	

**Subtotal Of Receipts This Page** (optional)..... **3500.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Maralie G Exton**

Mailing Address 1313 Tyne Blvd

City Nashville State TN Zip Code 37215-4413

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

Name of Employer Occupation  
Vanderbilt University Medical Center Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

**Transaction ID : VQCFK9KMSS3**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2015

Amount of Each Receipt this Period  
600.00

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

Mailing Address 1313 Tyne Blvd

City Nashville State TN Zip Code 37215

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

Name of Employer Occupation  
Manier and Exton Real Estate Appraisal

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KK488**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2015

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 8 Englewood Rd

City Baltimore State MD Zip Code 21210-1920

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

Name of Employer Occupation  
n/a Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KJYZ7**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 6000.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael L. Falcone**

Mailing Address **8 Englewood Rd**

City **Baltimore** State **MD** Zip Code **21210-1920**

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

Name of Employer **MMA Capital Management** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KJYY9**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 21 / 2015**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **357 Hanover St  
Apt 2**

City **Boston** State **MA** Zip Code **02113-1935**

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

Name of Employer **Law Offices Of Gerald Doherty** Occupation **Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KN9Y6**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 05 / 2015**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address **1735 Market St  
Ste A425**

City **Philadelphia** State **PA** Zip Code **19103**

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

Name of Employer **Divine Insurance Group** Occupation **President & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KNAK0**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 08 / 2015**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **5900.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 117 Gotschal Rd

City Danville State PA Zip Code 17821-9114

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

Name of Employer Geisinger Health System Occupation President and CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KMPM7**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1455 Pennsylvania Ave. NW  
Suite 390

City Washington State DC Zip Code 20004

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

Name of Employer The Law Offices of Kenneth R. Feinberg Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KKJF2**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2015

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 12110 Little Creek Dr

City Potomac State MD Zip Code 20854-3430

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

Name of Employer State of Maryland Occupation State Delegate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNBQ4**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

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





**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Mark R. Fetting**

Mailing Address **PO Box 824**

City State Zip Code  
**Center Harbor NH 03226**

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

Name of Employer Occupation  
**Retired NA**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1200.00**

**Transaction ID : VQCFK9KPSQ2**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**1200.00**

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

Mailing Address **1412 Gerber Ln**

City State Zip Code  
**Sparks Glencoe MD 21152-9621**

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

Name of Employer Occupation  
**Managing Member Oxpoint Holdings**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KMPT4**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 26 / 2015**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **14617 Carrolton Rd**

City State Zip Code  
**Rockville MD 20853-1918**

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

Name of Employer Occupation  
**Goldberg, Finnegan, & Mester Partner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KNNE5**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 12 / 2015**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2700.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>First Adventure LLC</b>		<b>Transaction ID : VQCFK9KP081</b>	
Mailing Address 142 Pangbourne Way		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2015	
City Hanover	State MD	Zip Code 20176	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>	
LLC - Members below if itemized. Permissible funds.			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Khalil Ahmed</b>		<b>Transaction ID : VQCFK9KRD36</b>	
Mailing Address 1421 Pangbourne Way		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2015	
City Hanover	State MD	Zip Code 21076-1476	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer First Adventure LLC	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>	
<b>[MEMO ITEM]</b>			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Cindy Fish</b>		<b>Transaction ID : VQCFK9KNJ58</b>	
Mailing Address 776 Boylston St Ph 2A		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2015	
City Boston	State MA	Zip Code 02199-7854	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>	
		Amount of Each Receipt this Period <input type="text" value="2700.00"/>	

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>John Fish</b>		<b>Transaction ID : VQCFK9KJPQ5</b>
Mailing Address 65 Allerton Street		Date of Receipt MM / DD / YYYY 07 / 14 / 2015
City Boston	State MA	Zip Code 02119
FEC ID number of contributing federal political committee.	C	
Name of Employer Suffolk Construction	Occupation Owner	Amount of Each Receipt this Period 2700.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>John Flippen</b>		<b>Transaction ID : VQCFK9KNCY3</b>
Mailing Address 263 9TH AVE APT 1A		Date of Receipt MM / DD / YYYY 09 / 09 / 2015
City NEW YORK	State NY	Zip Code 10001
FEC ID number of contributing federal political committee.	C	
Name of Employer Google	Occupation Attorney	Amount of Each Receipt this Period 250.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mircea Florescu</b>		<b>Transaction ID : VQCFK9KM6C0</b>
Mailing Address Chemin de Nancy 4B		Date of Receipt MM / DD / YYYY 08 / 15 / 2015
City VESENAZ	State GE	Zip Code CH1222
FEC ID number of contributing federal political committee.	C	
Name of Employer Pictet Asset Management SA	Occupation Head of Institutional Switzerland - Ge	Amount of Each Receipt this Period 500.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**Subtotal Of Receipts This Page** (optional).....▶ 3450.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Aimee Florin**

Mailing Address **21 Jefferson Road**

City **Scarsdale** State **NY** Zip Code **10583**

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

Name of Employer **Citigroup** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KPQN3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period  

<b>500.00</b>									
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**B.** Full Name (Last, First, Middle Initial)  
**Daisy Florin**

Mailing Address **13 Ivanhoe Ln**

City **Greenwich** State **CT** Zip Code **06830-3925**

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

Name of Employer **A bloc of writers** Occupation **writer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KP9Y3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

Amount of Each Receipt this Period  

<b>500.00</b>									
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**C.** Full Name (Last, First, Middle Initial)  
**Nicole Florescu**

Mailing Address **3711 San Felipe St**  
**Unit 8J**

City **Houston** State **TX** Zip Code **77027-4048**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KN4X7**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

Amount of Each Receipt this Period  

<b>500.00</b>									
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**Subtotal Of Receipts This Page** (optional)..... 

<b>1500.00</b>									
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**Total This Period** (last page this line number only)..... 

<b>1500.00</b>									
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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**J Kirby Fowler**

Mailing Address 430 Gittings Ave

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Executive	Downtown Partnership of Baltimore

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPKQ9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

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

Mailing Address 403 Gittings Avenue

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Downtown Partnership of Baltimore	Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMAS9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			18			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

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

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Information Requested	Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQ2X9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address **860 United Nations Plz  
Apt 9D**

City **New York** State **NY** Zip Code **10017-1815**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KMZ08**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 01 / 2015**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Andrew D. Freeman Esq.**

Mailing Address **5301 Springlake Way**

City **Baltimore** State **MD** Zip Code **21212-3413**

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

Name of Employer **Brown Goldstein and Levy LLP** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KQ5K5**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **1026 Rolandvue Rd**

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

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

Name of Employer **Retired** Occupation **Communications**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**25.00**

**Transaction ID : VQCFK9KM1J5**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 12 / 2015**

Amount of Each Receipt this Period  
**25.00**

**Subtotal Of Receipts This Page** (optional)..... **525.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Elaine K Freeman**

Mailing Address 1026 Rolandvue Rd

City	State	Zip Code
Towson	MD	21204

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

Name of Employer	Occupation
Retired	Communications

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 525.00

**Transaction ID : VQCFK9KP8E6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period

_____	500.00
-------	--------

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

Mailing Address 642 Oak Farm Ct

City	State	Zip Code
Timonium	MD	21093-7004

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

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KKH36**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2015			

Amount of Each Receipt this Period

_____	2700.00
-------	---------

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

Mailing Address 9 Claudia St.  
Amelia Industrial Park

City	State	Zip Code
Guaynabo	PR	00968

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

Name of Employer	Occupation
Pan American Grain	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KKK06**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

_____	2700.00
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**Subtotal Of Receipts This Page** (optional).....▶ **5900.00**

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 3707 Wimbledon Rd

City	State	Zip Code
Nashville	TN	37215-1819

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Vanderbilt University	Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKP86**

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period

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

Mailing Address 9000 Durham Dr  
Ste 142

City	State	Zip Code
Potomac	MD	20854-4614

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Ralmor Corporation	Developer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNP08**

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2015

Amount of Each Receipt this Period

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

Mailing Address 2315 Berge Hinny Rd

City	State	Zip Code
Cambridge	WI	53523-9461

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Rural Schools Collaborative, Inc.	Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM2E7**

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jana Funk**

Mailing Address 2315 Berge-Hinny Road

City	State	Zip Code
Cambridge	WI	53523

FEC ID number of contributing federal political committee.

Name of Employer self	Occupation architect
--------------------------	-------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNJA7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="5.00"/>
-----------------------------------

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

Mailing Address 2315 Berge-Hinny Road

City	State	Zip Code
Cambridge	WI	53523

FEC ID number of contributing federal political committee.

Name of Employer self	Occupation architect
--------------------------	-------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPNP7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

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

Mailing Address 15 Rainflower Path  
Unit 204

City	State	Zip Code
Sparks Glencoe	MD	21152-8772

FEC ID number of contributing federal political committee.

Name of Employer Regional Manufacturing Institute	Occupation President
--	-------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJSY7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Jane Gallo**

Mailing Address 9100 Aldershot Dr

City	State	Zip Code
Bethesda	MD	20817-1902

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN679**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			02			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

Mailing Address 9100 Aldershot Dr

City	State	Zip Code
Bethesda	MD	20817-1902

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
UMD	Professor

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN270**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			02			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

Mailing Address 1101 Scott Street

City	State	Zip Code
Baltimore	MD	21230

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Political Consultant	NA

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMMQ5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

Amount of Each Receipt this Period

<input type="text" value="750.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 18 Spa View Circle  
54 State Cir

City State Zip Code  
Annapolis MD 21401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Alexander & Cleaver, P.A. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKVH5**

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

Amount of Each Receipt this Period

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

Mailing Address 18 Spa View Circle  
54 State Cir

City State Zip Code  
Annapolis MD 21401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Alexander & Cleaver, P.A. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP2N9**

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

Amount of Each Receipt this Period

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

Mailing Address 4444 Connecticut Avenue NW  
#606

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CHCI VP Communications

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK6T4**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Gloria Garcia**

Mailing Address **4444 Connecticut Avenue NW  
#606**

City	State	Zip Code
Washington	DC	20008

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

Name of Employer CHCI	Occupation VP Communications
--------------------------	---------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2015-2016     2017-2018     2019-2020     2021-2022  
**340.48**

**Transaction ID : VQCFK9KKR61**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2015			

Amount of Each Receipt this Period  
 **20.16**

\* Earmarked Contribution: See Below

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

Mailing Address **14 Arrow St  
Ste 11**

City	State	Zip Code
Cambridge	MA	02138-5106

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

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2015-2016     2017-2018     2019-2020     2021-2022  
**18027.32**

**Transaction ID : VQCFK9KKR61E**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

Amount of Each Receipt this Period  
 **20.16**

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

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

Mailing Address **4444 Connecticut Avenue NW  
#606**

City	State	Zip Code
Washington	DC	20008

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

Name of Employer CHCI	Occupation VP Communications
--------------------------	---------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2015-2016     2017-2018     2019-2020     2021-2022  
**360.64**

**Transaction ID : VQCFK9KNKP3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			30			2015			

Amount of Each Receipt this Period  
 **20.16**

\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page (optional)**..... **40.32**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page					FOR LINE NUMBER: (check only one)	PAGE 134 / 772					
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18						
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21						

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>ActBlue</b> Mailing Address 14 Arrow St Ste 11 City Cambridge State MA Zip Code 02138-5106 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Conduit total listed in Agg. field Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/> Election Cycle-to-Date <input type="text" value="18027.32"/>				<b>Transaction ID : VQCFK9KNKP3E</b> Date of Receipt <input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="20.16"/> <b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.	
---	--	--	--	---	--

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Peder A. Garske</b> Mailing Address 30 Bellevue Dr City Severna Park State MD Zip Code 21146-4844 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Executive RJI Capital Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/> Election Cycle-to-Date <input type="text" value="1000.00"/>				<b>Transaction ID : VQCFK9KPW56</b> Date of Receipt <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="1000.00"/>	
---	--	--	--	---	--

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Vedat Gashi</b> Mailing Address 85 W 188th St Apt AA City Bronx State NY Zip Code 10468-5227 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Attorney Self Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/> Election Cycle-to-Date <input type="text" value="1000.00"/>				<b>Transaction ID : VQCFK9KP8X4</b> Date of Receipt <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="1000.00"/>	
---	--	--	--	---	--

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Gelfand**

Mailing Address 417 S Hill St  
Apt 800

City State Zip Code  
Los Angeles CA 90013-1771

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

Name of Employer Occupation  
McKool Smith Hennigan, PC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KKKJ8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

2	7	0	0	.	0	0
---	---	---	---	---	---	---

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

Mailing Address 309 Somerset Rd

City State Zip Code  
Baltimore MD 21210-2821

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

Name of Employer Occupation  
Percontee Executive Vice- President, General Cou

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KKQX4**

Date of Receipt

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

Amount of Each Receipt this Period

2	7	0	0	.	0	0
---	---	---	---	---	---	---

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

Mailing Address 5475 S US Highway 1

City State Zip Code  
Grant FL 32949-2010

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

Name of Employer Occupation  
Airnet Communications Accountant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNJN4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	5

Amount of Each Receipt this Period

2	7	0	0	.	0	0
---	---	---	---	---	---	---

**Subtotal Of Receipts This Page** (optional).....▶ 

8	1	0	0	.	0	0
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**Total This Period** (last page this line number only).....▶ 

2	7	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kamal S. Ghaffarian**

Mailing Address 11743 Springhaven Ct

City	State	Zip Code
Ellicott City	MD	21042-1501

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

Name of Employer SGT, Inc.	Occupation President & CEO
-------------------------------	-------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNT46**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	5

Amount of Each Receipt this Period

2700.00

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

Mailing Address 7744 Elmwood Rd

City	State	Zip Code
Fulton	MD	20759-2503

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

Name of Employer n/a	Occupation Homemaker
-------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

**Transaction ID : VQCFK9KQPQ4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period

2300.00

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

Mailing Address 7744 Elmwood Rd

City	State	Zip Code
Fulton	MD	20759-2503

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

Name of Employer SGT	Occupation Strategic Development
-------------------------	-------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KPD88**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 7700.00

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Pinthong Ghaffarian**

Mailing Address 11743 Springhaven Ct

City Ellicott City State MD Zip Code 21042-1501

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPSJ3**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2015

Amount of Each Receipt this Period

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

Mailing Address 52 Thomas St

City New York State NY Zip Code 10013-3984

FEC ID number of contributing federal political committee.

Name of Employer Webengines Inc. Occupation Web Development

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNWN6**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2015

Amount of Each Receipt this Period

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

Mailing Address 154 Boone Trail

City Severna Park State MD Zip Code 21146

FEC ID number of contributing federal political committee.

Name of Employer Prince George's County Occupation Environmental Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJZT8**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 154  
Boone Trail

City State Zip Code  
Severna Park MD 21146

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Prince George's County Environmental Administrator

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

**Transaction ID : VQCFK9KM670**

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

Amount of Each Receipt this Period

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

Mailing Address 154  
Boone Trail

City State Zip Code  
Severna Park MD 21146

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Prince George's County Environmental Administrator

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

**Transaction ID : VQCFK9KP2A2**

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

Amount of Each Receipt this Period

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

Mailing Address 1111 Light St  
Apt 709

City State Zip Code  
Baltimore MD 21230-4380

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of Maryland School of Law Student

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

**Transaction ID : VQCFK9KMYK5**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kaylie Gioioso**

Mailing Address 1111 Light St  
Apt 709

City Baltimore State MD Zip Code 21230-4380

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

Name of Employer University of Maryland School of Law Occupation Student

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2060.00

**Transaction ID : VQCFK9KPZB0**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 24 Oakwood Vlg  
Apt 2

City Flanders State NJ Zip Code 07836-9027

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

Name of Employer AT&T Corp. Occupation Paralegal

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1600.00

**Transaction ID : VQCFK9KPYB9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
800.00

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

Mailing Address 442 M St NW  
Apt 3

City Washington State DC Zip Code 20001-4655

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

Name of Employer O'Malley for President Occupation Dep CM

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

**Transaction ID : VQCFK9KPXX9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 3050.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Stephen Golden</b> Mailing Address 3047 E Placita Los Siete Adobes  City Tucson State AZ Zip Code 85718-3135  FEC ID number of contributing federal political committee. <b>C</b>  Name of Employer n/a Occupation Unemployed  Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  Election Cycle-to-Date ▼ 2700.00		<b>Transaction ID : VQCFK9KKKD9</b> Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2015  Amount of Each Receipt this Period 1700.00  Amount of Each Receipt this Period 2700.00
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Douglas E. Goldman</b> Mailing Address 2520 Union St  City San Francisco State CA Zip Code 94123-3833  FEC ID number of contributing federal political committee. <b>C</b>  Name of Employer Certain Software Occupation Software Publisher  Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  Election Cycle-to-Date ▼ 2700.00		<b>Transaction ID : VQCFK9KNB11</b> Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2015  Amount of Each Receipt this Period 2700.00
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jason Goldman</b> Mailing Address 2520 Union St  City San Francisco State CA Zip Code 94123-3833  FEC ID number of contributing federal political committee. <b>C</b>  Name of Employer Jason Goldman Occupation Principal  Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  Election Cycle-to-Date ▼ 2700.00		<b>Transaction ID : VQCFK9KNWWO</b> Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2015  Amount of Each Receipt this Period 2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 7100.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jennifer Goldman**

Mailing Address 2520 Union St

City	State	Zip Code
San Francisco	CA	94123-3833

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self-employed	CPA

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNX92**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

Amount of Each Receipt this Period

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

Mailing Address 2520 Union St

City	State	Zip Code
San Francisco	CA	94123-3833

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KRC75**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

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

Mailing Address 2520 Union St

City	State	Zip Code
San Francisco	CA	94123-3833

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
G2 Insurance Services	Insurance

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMT58**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			28			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Seth D. Goldman**

Mailing Address 4848 Chevy Chase Blvd

City Chevy Chase	State MD	Zip Code 20815-5340
---------------------	-------------	------------------------

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

Name of Employer Honest Tea	Occupation Co-Founder and CEO
--------------------------------	----------------------------------

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KKHB9**

Date of Receipt  

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

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

Mailing Address 14503 Banquo Ter

City Silver Spring	State MD	Zip Code 20906
-----------------------	-------------	-------------------

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

Name of Employer retired	Occupation attorney
-----------------------------	------------------------

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 145.16

**Transaction ID : VQCFK9KJGM9**

Date of Receipt  

M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

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

Mailing Address 14503 Banquo Ter

City Silver Spring	State MD	Zip Code 20906
-----------------------	-------------	-------------------

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

Name of Employer retired	Occupation attorney
-----------------------------	------------------------

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 195.16

**Transaction ID : VQCFK9KKQG2**

Date of Receipt  

M M / D D / Y Y Y Y
07 / 11 / 2015

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 2800.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KKQG2E**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			12			2015			

Amount of Each Receipt this Period

50.00
-------

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

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

Mailing Address 14503 Banquo Ter

City Silver Spring State MD Zip Code 20906

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

Name of Employer Occupation  
retired attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
245.16

**Transaction ID : VQCFK9KKQ96**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

Amount of Each Receipt this Period

50.00
-------

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KKQ96E**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			19			2015			

Amount of Each Receipt this Period

50.00
-------

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**Subtotal Of Receipts This Page** (optional).....▶ 

50.00
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**Total This Period** (last page this line number only).....▶ 

50.00
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# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial)  
**Ellen Goldstein**

Mailing Address 14503 Banquo Ter

City State Zip Code  
Silver Spring MD 20906

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

Name of Employer Occupation  
retired attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
295.16

Transaction ID : **VQCFK9KKG2**

Date of Receipt  
M M / D D / Y Y Y Y  
07 31 2015

Amount of Each Receipt this Period  
50.00

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

Mailing Address 14503 Banquo Ter

City State Zip Code  
Silver Spring MD 20906

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

Name of Employer Occupation  
retired attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
345.16

Transaction ID : **VQCFK9KM0A1**

Date of Receipt  
M M / D D / Y Y Y Y  
08 12 2015

Amount of Each Receipt this Period  
50.00

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

Mailing Address 14503 Banquo Ter

City State Zip Code  
Silver Spring MD 20906

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

Name of Employer Occupation  
retired attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
370.16

Transaction ID : **VQCFK9KM849**

Date of Receipt  
M M / D D / Y Y Y Y  
08 17 2015

Amount of Each Receipt this Period  
25.00

Subtotal Of Receipts This Page (optional).....▶ 125.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Ellen Goldstein**

Mailing Address 14503 Banquo Ter

City State Zip Code  
Silver Spring MD 20906

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

Name of Employer Occupation  
retired attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
395.16

**Transaction ID : VQCFK9KNAZ5**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2015

Amount of Each Receipt this Period

25.00

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

Mailing Address 14503 Banquo Ter

City State Zip Code  
Silver Spring MD 20906

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

Name of Employer Occupation  
retired attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
495.16

**Transaction ID : VQCFK9KQ1G5**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period

100.00

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

Mailing Address 3800 N Charles St  
# 1217

City State Zip Code  
Baltimore MD 21218-1805

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

Name of Employer Occupation  
State of Maryland Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPWM5**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page** (optional).....▶ 625.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 1302 Fairgrove Lane

City State Zip Code  
Crownsville MD 21032

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Maryland Sound International Holding C Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPKF6**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period

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

Mailing Address 5627 Northumberland St

City State Zip Code  
Pittsburgh PA 15217-1237

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNMR2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period

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

Mailing Address 4715 Columbia Hills Ct

City State Zip Code  
Ellicott City MD 21043-6409

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Nylife Securities Broker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP0Z2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial)  
**Bruce Gordon**

Mailing Address 105 Broadbill Ct

City	State	Zip Code
Georgetown	KY	40324

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN307**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			02			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

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

Mailing Address 105 Broadbill Ct

City	State	Zip Code
Georgetown	KY	40324

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNHG2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			10			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
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C. Full Name (Last, First, Middle Initial)  
**Bruce Gordon**

Mailing Address 105 Broadbill Ct

City	State	Zip Code
Georgetown	KY	40324

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP8F3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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**Subtotal Of Receipts This Page** (optional).....

<input type="text" value="450.00"/>
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**Total This Period** (last page this line number only).....

<input type="text" value="450.00"/>
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# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey Gordon**

Mailing Address 138 Cary Ave

City Highland Park State IL Zip Code 60035-4702

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

Name of Employer Duff & Phelps Occupation Managing Director

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

**Transaction ID : VQCFK9KPFX8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3601 Greenway  
Unit 906

City Baltimore State MD Zip Code 21218-2461

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

Name of Employer Gorman & Williams Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 750.00

**Transaction ID : VQCFK9KPZK3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
750.00

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

Mailing Address 2230 47th St NW

City Washington State DC Zip Code 20007-1033

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

Name of Employer IUCN Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 2700.00

**Transaction ID : VQCFK9KRBW8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
700.00

**Subtotal Of Receipts This Page (optional)**.....▶ 1950.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Tracy K. Gosson**

Mailing Address 604 Ponte Villas N

City State Zip Code  
Baltimore MD 21230

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

Name of Employer Occupation  
Sagesse Inc CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KK385**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 23 / 2015

Amount of Each Receipt this Period

500.00

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

Mailing Address 7624 Epsilon Dr

City State Zip Code  
Derwood MD 20855-2543

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

Name of Employer Occupation  
KCG Inc Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KM6R5**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 16 / 2015

Amount of Each Receipt this Period

1000.00

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

Mailing Address 548 Market street  
Suite 92944

City State Zip Code  
San Francisco CA 94104

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

Name of Employer Occupation  
Skyport Systems Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KM5E3**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 14 / 2015

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 2500.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Steven H. Gove**

Mailing Address 18 Short Dr

City State Zip Code  
Wilmington DE 19810-2818

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ashland Inc. (contractor) Chemical Engineer

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

**Transaction ID : VQCFK9KK3B9**

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

Amount of Each Receipt this Period

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

Mailing Address 18 Short Dr

City State Zip Code  
Wilmington DE 19810-2818

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ashland Inc. (contractor) Chemical Engineer

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

**Transaction ID : VQCFK9KMZT4**

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

Amount of Each Receipt this Period

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

Mailing Address 18 Short Dr

City State Zip Code  
Wilmington DE 19810-2818

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ashland Inc. (contractor) Chemical Engineer

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

**Transaction ID : VQCFK9KPQS4**

Date of Receipt  
M M / D D / 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).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

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

Mailing Address 2201 23rd Ave S

City	State	Zip Code
Minneapolis	MN	55404-3142

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

**Transaction ID : VQCFK9KK846**

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2015

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**James Graham**

Mailing Address 2201 23rd Ave S

City	State	Zip Code
Minneapolis	MN	55404-3142

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : VQCFK9KMPR9**

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2015

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Byron Granberry**

Mailing Address 14033 Weeping Cherry drive

City	State	Zip Code
Rockville	MD	20850

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Unemployed	Not Employed5

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KN0S6**

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2015

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 450.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah E. Granberry**

Mailing Address 14033 Weeping Cherry Dr

City	State	Zip Code
Rockville	MD	20850-5469

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Computer Sciences Corporation	Vice President Business Development

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMX0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**James P Gray II**

Mailing Address 10 Quality St

City	State	Zip Code
Lexington	KY	40507-1443

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
City of Lexington	Mayor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPK49**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Paul T Graziano**

Mailing Address 148 West Lanvale st

City	State	Zip Code
Baltimore	MD	21217

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
City of Baltimore	Housing Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN424**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			02			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Paul T Graziano**

Mailing Address **148 West Lanvale st**

City	State	Zip Code
Baltimore	MD	21217

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
City of Baltimore	Housing Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1300.00

**Transaction ID : VQCFK9KQ837**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

300.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Green Leaf Management, LLC**

Mailing Address **267 Kentlands Blvd  
1070**

City	State	Zip Code
Gaithersburg	MD	20878-5446

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNT38**

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period

500.00
--------

LLC - Members below if itemized. Permissible funds.

**C.** Full Name (Last, First, Middle Initial)  
**Philip Goldberg**

Mailing Address **9500 Singleton Dr**

City	State	Zip Code
Bethesda	MD	20817-2559

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Green leaf Management	Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KRCQ1**

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period

500.00
--------

**[MEMO ITEM]**

**Subtotal Of Receipts This Page (optional)**.....▶ **800.00**

**Total This Period (last page this line number only)**.....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Mark J Green**

Mailing Address **141 Greene Ave**  
**Apt 1**

City **Brooklyn** State **NY** Zip Code **11238-1106**

FEC ID number of contributing federal political committee. **C**

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KKDY0**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 28 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Julie Greenwald**

Mailing Address **72 Reade St**  
**Apt 5**

City **New York** State **NY** Zip Code **10007-1809**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WMG** Occupation **Chairman & COO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KKBZ2**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 27 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Matthew Greff**

Mailing Address **114 E Washington St**

City **Ann Arbor** State **MI** Zip Code **48104-1905**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Arbor Brewing Company** Occupation **Managing Member**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**386.00**

**Transaction ID : VQCFK9KQMQ1**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 12 / 2015**

Amount of Each Receipt this Period  
**386.00**

\* In-Kind: Room Rental

**Subtotal Of Receipts This Page** (optional).....▶ **4086.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher J Griffin**

Mailing Address **2307 Massachusetts Ave**

City **Cambridge** State **MA** Zip Code **02140-1227**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Foreign Policy Initiative** Occupation **Executive Director**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNAH4**

Date of Receipt

M M / D D / Y Y Y Y  
**09 / 05 / 2015**

Amount of Each Receipt this Period

**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Parker Griffith**

Mailing Address **432 Echols Ave SE**

City **Huntsville** State **AL** Zip Code **35801-3135**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Former Congressman** Occupation **AL 5th District**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN761**

Date of Receipt

M M / D D / Y Y Y Y  
**09 / 04 / 2015**

Amount of Each Receipt this Period

**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Rebecca Groen**

Mailing Address **1170 Cushing Circle #119**

City **Saint Paul** State **MN** Zip Code **55108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Campaign Compliance Solutions** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMW10**

Date of Receipt

M M / D D / Y Y Y Y  
**08 / 30 / 2015**

Amount of Each Receipt this Period

**250.00**

**Subtotal Of Receipts This Page** (optional).....

**3950.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Barry L. Gudelsky**

Mailing Address 11509 Danville Dr

City	State	Zip Code
Rockville	MD	20852-3713

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Gudelsky Group	Investor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQDS1**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Patrick Guise**

Mailing Address 708 Kimberly Dr

City	State	Zip Code
Moorestown	NJ	08057

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
McCormick Taylor	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNBE3**

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Ajay K. Gupta**

Mailing Address 10209 Riverwood Dr

City	State	Zip Code
Potomac	MD	20854-1537

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Health Solutions Research, Inc.	Healthcare

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPJE8**

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**William Hackenson**

Mailing Address 2040 Franklin Street  
#801

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lippincott Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KMB38**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Steven Haderer**

Mailing Address 120 Fox Lake Court

City State Zip Code  
Winston Salem NC 27106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American University Student

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KJPM2**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Steven Haderer**

Mailing Address 120 Fox Lake Court

City State Zip Code  
Winston Salem NC 27106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American University Student

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
275.00

**Transaction ID : VQCFK9KP997**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 775.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Carl Haefling**

Mailing Address 9615 NE Watch Hill Dr

City	State	Zip Code
Bainbridge Island	WA	98110-2394

FEC ID number of contributing federal political committee. **C**

Name of Employer: retired  
Occupation: retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KJT03**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lucy Hahn**

Mailing Address 480 Dakota Ct

City	State	Zip Code
Carbondale	CO	81623

FEC ID number of contributing federal political committee. **C**

Name of Employer: Lucy Hahn  
Occupation: retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KM639**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2015

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Shehla Haider**

Mailing Address 9200 Jeffery Rd

City	State	Zip Code
Great Falls	VA	22066-4119

FEC ID number of contributing federal political committee. **C**

Name of Employer: Long & Foster Real Estate  
Occupation: Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KP1D3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period  
2000.00

**Subtotal Of Receipts This Page** (optional).....▶ 3500.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Cullen Hall**

Mailing Address **547 Cedar Creek Rd**  
**Unit 1**

City	State	Zip Code
<b>Pikeville</b>	<b>KY</b>	<b>41501-1439</b>

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
<b>Small business owner</b>	<b>Small business owner</b>

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

**2800.00**

**Transaction ID : VQCFK9KPK08**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
<b>09</b>			<b>29</b>			<b>2015</b>			

Amount of Each Receipt this Period

**1800.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jesica Hall**

Mailing Address **PO Box 2500**

City	State	Zip Code
<b>Pikeville</b>	<b>KY</b>	<b>41502-2500</b>

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
<b>n/a</b>	<b>Homemaker</b>

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : VQCFK9KPK16**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
<b>09</b>			<b>29</b>			<b>2015</b>			

Amount of Each Receipt this Period

**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jesica Hall**

Mailing Address **PO Box 2500**

City	State	Zip Code
<b>Pikeville</b>	<b>KY</b>	<b>41502-2500</b>

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
<b>n/a</b>	<b>Homemaker</b>

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : VQCFK9KRC09**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
<b>09</b>			<b>29</b>			<b>2015</b>			

Amount of Each Receipt this Period

**700.00**

**Subtotal Of Receipts This Page (optional)**..... **4500.00**

**Total This Period (last page this line number only)**.....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Leigh Halverson**

Mailing Address 419 S Braddock Ave  
Apt #33

City Pittsburgh State PA Zip Code 15221

FEC ID number of contributing federal political committee. **C**

Name of Employer The Heinz Endowments Occupation Philanthropy

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNQ58**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			14			2015			

Amount of Each Receipt this Period

250.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Brian Hammock**

Mailing Address 111 Enfield Road.

City Baltimore State MD Zip Code 21210

FEC ID number of contributing federal political committee. **C**

Name of Employer CSX Occupation Transportation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
295.00

**Transaction ID : VQCFK9KMWV5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

45.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**Leslie Hammond**

Mailing Address 1015 North Euclid

City Pittsburgh State PA Zip Code 15206

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pittsburgh Occupation Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNCD8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

250.00
--------

**Subtotal Of Receipts This Page** (optional).....▶ 

545.00
--------

**Total This Period** (last page this line number only).....▶ 

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# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Rachel Hampe**

Mailing Address 945 Rollins Rd

City State Zip Code  
Contoocook NH 03229-2671

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
McLane Law Firm Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

**Transaction ID : VQCFK9KN6Q5**

Date of Receipt  
M M / D D / Y Y Y Y  
09 04 2015

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**David Hamrick**

Mailing Address 1812 N Barton St

City State Zip Code  
Arlington VA 22201-4014

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
O'Malley for President Campaign Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

**Transaction ID : VQCFK9KPNT7**

Date of Receipt  
M M / D D / Y Y Y Y  
09 29 2015

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Matthew Hancock**

Mailing Address 2 Hayes Pl

City State Zip Code  
Portsmouth NH 03801-5815

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MESH Enterprises Web Developer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : VQCFK9KP4W8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 22 2015

Amount of Each Receipt this Period  
 2200.00

**Subtotal Of Receipts This Page** (optional).....  3450.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**James Hardy**

Mailing Address 1333 Maple Avenue  
Apt. 3F

City Evanston State IL Zip Code 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

**Transaction ID : VQCFK9KMMD6**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2015

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
**James Hardy**

Mailing Address 1333 Maple Avenue  
Apt. 3F

City Evanston State IL Zip Code 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
75.00

**Transaction ID : VQCFK9KNQ74**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2015

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
**James Hardy**

Mailing Address 1333 Maple Avenue  
Apt. 3F

City Evanston State IL Zip Code 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

**Transaction ID : VQCFK9KPAG5**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2015

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page (optional)**.....▶▶▶ 325.00

**Total This Period (last page this line number only)**.....▶▶▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**James Hardy**

Mailing Address 1333 Maple Avenue  
Apt. 3F

City State Zip Code  
Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

**Transaction ID : VQCFK9KPW80**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**John Harmon**

Mailing Address 7815 Ellenham Avenue

City State Zip Code  
Baltimore MD 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HDC, Inc. construction project manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : VQCFK9KKDK3**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2015

Amount of Each Receipt this Period  
5400.00

Excessive funds to be re-attributed to spouse

**C.** Full Name (Last, First, Middle Initial)  
**Alvin J. Harper, Jr.**

Mailing Address 515 Dorchester Dr.

City State Zip Code  
Seven Fields PA 16046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Healthcare Council of Western PA Hospital Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KN6Z6**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 5700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**W Scott Harris**

Mailing Address 15037 Scottswood Ct

City Woodbine State MD Zip Code 21797-8333

FEC ID number of contributing federal political committee.

Name of Employer Catalyst DevWorks Occupation Executive Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPJ64**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Douglas Harrison**

Mailing Address 1000 Harrison Rd

City New Braunfels State TX Zip Code 78132

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMPQ1**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Cathleen Hartge**

Mailing Address 383 King street Apt 813

City San Francisco State CA Zip Code 94158

FEC ID number of contributing federal political committee.

Name of Employer Munger, Tolles & Olson LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJRS5**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Cathleen Hartge**

Mailing Address 383 King street  
Apt 813

City State Zip Code  
San Francisco CA 94158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Munger, Tolles & Olson LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

**Transaction ID : VQCFK9KKXR6**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2015

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Cathleen Hartge**

Mailing Address 383 King street  
Apt 813

City State Zip Code  
San Francisco CA 94158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Munger, Tolles & Olson LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

**Transaction ID : VQCFK9KQ2R9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Hartnett**

Mailing Address 2600 Soapstone Drive

City State Zip Code  
RestonReston VA 20191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CNA Research scientist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

**Transaction ID : VQCFK9KK9S1**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2015

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 175.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Hartnett**

Mailing Address 2600 Soapstone Drive

City State Zip Code  
RestonReston VA 20191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CNA Research scientist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KN7S1**

Date of Receipt

/  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Frederick HARVEY**

Mailing Address 3 MIDVALE ROAD

City State Zip Code  
BALTIMOREB MD 21210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KM984**

Date of Receipt

/  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Frederick HARVEY**

Mailing Address 3 MIDVALE ROAD

City State Zip Code  
BALTIMOREB MD 21210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KP8N1**

Date of Receipt

/  /

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Rickie Harvey**

Mailing Address 32 Pomfret St

City State Zip Code  
West Roxbury MA 02132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KKTR9**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 08 / 2015

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**Roomina A. Hasan**

Mailing Address 6548 Ballymore Ln

City State Zip Code  
Clarksville MD 21029-1292

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Pediatrician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1800.00

**Transaction ID : VQCFK9KNZS4**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period

1800.00

**C.** Full Name (Last, First, Middle Initial)  
**Roomina A. Hasan**

Mailing Address 6548 Ballymore Ln

City State Zip Code  
Clarksville MD 21029-1292

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Pediatrician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1900.00

**Transaction ID : VQCFK9KP346**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2015

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page** (optional).....▶ 2150.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Eileen Hashagen**

Mailing Address 610 Hillstead Drive

City State Zip Code  
Lutherville Timonium MD 21093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPSE1**

Date of Receipt

M M /  D D /  Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Felice Hassan**

Mailing Address 34 Saint Thomas Dr

City State Zip Code  
Palm Beach Gardens FL 33418-4598

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Former teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KJEM5**

Date of Receipt

M M /  D D /  Y Y Y Y  
07 / 06 / 2015

Amount of Each Receipt this Period

200.00

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth Hassan**

Mailing Address 34 st thomas drive

City State Zip Code  
Palm Beach Gardens, FL 33418 FL 33418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
n/a attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KJEN3**

Date of Receipt

M M /  D D /  Y Y Y Y  
07 / 06 / 2015

Amount of Each Receipt this Period

200.00

**Subtotal Of Receipts This Page** (optional).....  900.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sayed Hassan**

Mailing Address 7815 Shams Ln

City Jessup State MD Zip Code 20794-9570

FEC ID number of contributing federal political committee.

Name of Employer Northrop Grumman Corporation Occupation Undersea Systems

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP176**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Elisha Hawk**

Mailing Address 2824 Cheswolde Road

City Baltimore State MD Zip Code 21209

FEC ID number of contributing federal political committee.

Name of Employer The Yost Legal Group Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNS61**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Paul Hawken**

Mailing Address 35 Evelyn Avenue

City Mill Valley State CA Zip Code 94941

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMD75**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Hayden**

Mailing Address 24 Nakoma Dr

City	State	Zip Code
Pittsburgh	PA	15228-1522

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Hayden Reinhart, LLC	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNJC3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Danielle Heanue**

Mailing Address 70 E Emerson St

City	State	Zip Code
Melrose	MA	02176-3543

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Telecommunication Telecommunications I	Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP7V5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2600.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Mousa Hejazi**

Mailing Address 4204 Plummers Promise Dr

City	State	Zip Code
Bowie	MD	20720-5604

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Greenhome & O'Mara, Inc.	Project Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP023**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 172 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Abraham Helal**

Mailing Address 3108 O St SE

City	State	Zip Code
Washington	DC	20020-3621

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Gray Graphics Corporation	VP Operations/FSO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMME4**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Abraham Helal**

Mailing Address 3108 O St SE

City	State	Zip Code
Washington	DC	20020-3621

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Gray Graphics Corporation	VP Operations/FSO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPE49**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Michael J Heller**

Mailing Address 761 Mustin Ln

City	State	Zip Code
Villanova	PA	19085-2013

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Cozen O'Connor	President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNHW7**

Date of Receipt  
M M / D D / 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).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Henika**

Mailing Address 2645 Celaya Circle

City	State	Zip Code
San Ramon	CA	94583

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
USDA - retired	Biologist - retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKT41**

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Philip Henika**

Mailing Address 2645 Celaya Circle

City	State	Zip Code
San Ramon	CA	94583

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
USDA - retired	Biologist - retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN0W0**

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Philip Henika**

Mailing Address 2645 Celaya Circle

City	State	Zip Code
San Ramon	CA	94583

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
USDA - retired	Biologist - retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPTEE8**

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Robert Hertzberg</b>		<b>Transaction ID : VQCFK9KPJS2</b>	
Mailing Address 6625 Langdon Ave		Date of Receipt	
City Van Nuys State CA Zip Code 91406-6310		M M / D D / Y Y Y Y 09 / 29 / 2015	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer California State Senate	Occupation Attorney	700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	700.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Kalman Hettleman</b>		<b>Transaction ID : VQCFK9KJK81</b>	
Mailing Address 2901 Boston St Apt 216		Date of Receipt	
City Baltimore State MD Zip Code 21224-4956		M M / D D / Y Y Y Y 07 / 10 / 2015	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer self	Occupation education	250.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	250.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Shelly Hettleman</b>		<b>Transaction ID : VQCFK9KMZS6</b>	
Mailing Address Overbrook Road		Date of Receipt	
City Baltimore State MD Zip Code 21208		M M / D D / Y Y Y Y 09 / 01 / 2015	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer State of Maryland	Occupation Legislator	500.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	500.00	

**Subtotal Of Receipts This Page (optional)**.....▶ 1450.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 175 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Arnold Hiatt**

Mailing Address 220 Boylston St  
Apt 9008

City Boston State MA Zip Code 02116-3948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Stride Rite Foundation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KHZH1**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**David L Higgins**

Mailing Address 5201 E Grovers Ave

City Scottsdale State AZ Zip Code 85254-7535

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AICI Investment Management Investor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KKR12**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2015

Amount of Each Receipt this Period  
2700.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KKR12E**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**Subtotal Of Receipts This Page** (optional)..... 5400.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Hildreth**

Mailing Address PO Box 7437

City	State	Zip Code
Portland	ME	04112-7437

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Diversified Communications	Chair of the Board

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKVW2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Brett L Hillier**

Mailing Address 376 S Balsam St

City	State	Zip Code
Lakewood	CO	80226-3036

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKNY38**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Sandra S. Hillman**

Mailing Address 4000 N Charles St

City	State	Zip Code
Baltimore	MD	21218

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CEO	Hillman Communications

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPVS4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Josh Hinsley**

Mailing Address 1045 15th Ave SE

City	State	Zip Code
Minneapolis	MN	55414

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Allianz North America	Finance

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMRD5**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			27			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Jeanne D. Hitchcock**

Mailing Address 5882 Pimlico Rd

City	State	Zip Code
Baltimore	MD	21209

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
John Hopkins	Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN5P5**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Judith J Hlafcsak**

Mailing Address 131 S 13th St

City	State	Zip Code
Pittsburgh	PA	15203-1231

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
K&L Gates LLP	Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNMQ4**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur S. Hock**

Mailing Address **8930 Orchard Dr**

City **Chestertown** State **MD** Zip Code **21620-3406**

FEC ID number of contributing federal political committee.

Name of Employer **Self** Occupation **Landlord**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN519**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	09			03				2015	

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Timothy A. Hodge Jr.**

Mailing Address **6423 Pratt Ave**

City **Baltimore** State **MD** Zip Code **21212-1030**

FEC ID number of contributing federal political committee.

Name of Employer **Miles & Stockbridge** Occupation **Attorney/ Partner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPKJ0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	09			29				2015	

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Glenda Hodges**

Mailing Address **9015 Woodyard Rd**

City **Clinton** State **MD** Zip Code **20735-4209**

FEC ID number of contributing federal political committee.

Name of Employer **Self Employed** Occupation **Administrator/CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KND32**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	09			09				2015	

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Carolyn R. Hoes**

Mailing Address **10969 Millbank Row**

City <b>Columbia</b>	State <b>MD</b>	Zip Code <b>21044-2719</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Retired</b>	Occupation <b>Retired</b>
------------------------------------	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJK57**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	07			10			2015		

Amount of Each Receipt this Period

1000.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**Catherine Hoffberger**

Mailing Address **7804 Ruxwood Road**

City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21204</b>
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>US Lacrosse</b>	Occupation <b>Development</b>
--	----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM593**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	08			14			2015		

Amount of Each Receipt this Period

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**Catherine Hoffberger**

Mailing Address **7804 Ruxwood Road**

City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21204</b>
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>US Lacrosse</b>	Occupation <b>Development</b>
--	----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPJC2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	09			29			2015		

Amount of Each Receipt this Period

1000.00
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**Subtotal Of Receipts This Page** (optional)..... 

3000.00
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**Total This Period** (last page this line number only)..... 

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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Robert A. Hoffman Esq.**

Mailing Address 1005 Fallscroft Way

City	State	Zip Code
Lutherville Timonium	MD	21093-1707

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Venable LLP	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP8V8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Patrick J Hogan**

Mailing Address 18804 Keiffer Way

City	State	Zip Code
Montgomery Village	MD	20886-3154

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
University System of Maryland	USM Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNVN3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			16			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Bill Holen**

Mailing Address 573 Quentin St

City	State	Zip Code
Aurora	CO	80011-8316

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Arapahoe County	County Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNBD5**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kimberly Honath**

Mailing Address 332 Atlanta Dr

City	State	Zip Code
Pittsburgh	PA	15228-1125

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
University of Pittsburgh	Administration

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKTW1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			08			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Eileen T. Donoghue Hoover**

Mailing Address 221 Georgetown Rd

City	State	Zip Code
Annapolis	MD	21403-3477

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Massachusetts Senate	Senator

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJJS2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			10			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Eileen T. Donoghue Hoover**

Mailing Address 221 Georgetown Rd

City	State	Zip Code
Annapolis	MD	21403-3477

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Massachusetts Senate	Senator

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNF69**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			10			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Morgan Hoover Jr.**

Mailing Address 824 Whitehall St

City State Zip Code  
Silver Spring MD 20901-1058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
n/a Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.00

**Transaction ID : VQCFK9KK3R2**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
07 / 23 / 2015

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**Morgan Hoover Jr.**

Mailing Address 824 Whitehall St

City State Zip Code  
Silver Spring MD 20901-1058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
n/a Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
280.00

**Transaction ID : VQCFK9KK854**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
07 / 26 / 2015

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
**Morgan Hoover Jr.**

Mailing Address 824 Whitehall St

City State Zip Code  
Silver Spring MD 20901-1058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
n/a Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
285.00

**Transaction ID : VQCFK9KKZH4**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
08 / 12 / 2015

Amount of Each Receipt this Period

5.00

**Subtotal Of Receipts This Page** (optional).....  265.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Morgan Hoover Jr.**

Mailing Address 824 Whitehall St

City	State	Zip Code
Silver Spring	MD	20901-1058

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Unemployed

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM2V9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
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**B.** Full Name (Last, First, Middle Initial)  
**Morgan Hoover Jr.**

Mailing Address 824 Whitehall St

City	State	Zip Code
Silver Spring	MD	20901-1058

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Unemployed

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMPD2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Morgan Hoover Jr.**

Mailing Address 824 Whitehall St

City	State	Zip Code
Silver Spring	MD	20901-1058

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Unemployed

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN3B4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="150.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

 Use separate schedule(s)  
for each category of the  
Detailed Summary Page

 FOR LINE NUMBER:  
(check only one)

PAGE 184 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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 NAME OF COMMITTEE (In Full)  
O'Malley for President

<b>A.</b> Full Name (Last, First, Middle Initial) Morgan Hoover Jr.		<b>Transaction ID : VQCFK9KNHQ7</b>
Mailing Address 824 Whitehall St		Date of Receipt
City Silver Spring State MD Zip Code 20901-1058		MM / DD / YYYY 09 / 11 / 2015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer n/a	Occupation Unemployed	985.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Morgan Hoover Jr.		<b>Transaction ID : VQCFK9KNVJ0</b>
Mailing Address 824 Whitehall St		Date of Receipt
City Silver Spring State MD Zip Code 20901-1058		MM / DD / YYYY 09 / 16 / 2015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer n/a	Occupation Unemployed	150.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Hopp		<b>Transaction ID : VQCFK9KK116</b>
Mailing Address 250 S. President Street #411 Scarlett Place		Date of Receipt
City Baltimore State MD Zip Code 21202		MM / DD / YYYY 07 / 22 / 2015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self - O'Donoghue & O'Donoghue LLP	Occupation attorney	1000.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Subtotal Of Receipts This Page (optional).....▶ 1400.00

Total This Period (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Anne E. Hoskins**

Mailing Address **5423 Purlington Way**

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MD Public Service Commission	Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KMYC0**

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**John Howard**

Mailing Address **809 Drohomer Place**

City	State	Zip Code
Baltimore	MD	21210

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Saul Ewing LLP	Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KK2M7**

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**John B Howard Jr**

Mailing Address **809 Drohomer Pl**

City	State	Zip Code
Baltimore	MD	21210-1346

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Venable	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

**Transaction ID : VQCFK9KP6G6**

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2015

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page** (optional).....▶ 600.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 186 / 772

<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John B Howard Jr**

Mailing Address 809 Drohomer Pl

City Baltimore State MD Zip Code 21210-1346

FEC ID number of contributing federal political committee. **C**

Name of Employer Venable Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KPZH8**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Freeman A. Hrabowski**

Mailing Address 1000 Hilltop Cir

City Baltimore State MD Zip Code 21250-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer UMBC Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KN6P8**

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2015

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Joe Huddleston**

Mailing Address 4912 Waple Lane

City Alexandria State VA Zip Code 22304

FEC ID number of contributing federal political committee. **C**

Name of Employer Ernst & Young LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KMBF3**

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kanan H. Hudhud**

Mailing Address **6801 Newstead Ln**

City **Baltimore** State **MD** Zip Code **21209-2017**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Frederick Oncology Hematology Associat** Occupation **Physician**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KNM85**

Date of Receipt

**09 / 12 / 2015**

Amount of Each Receipt this Period

**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gerald Huff**

Mailing Address **1061 Mariposa Ave**

City **Berkeley** State **CA** Zip Code **94707**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Tesla Motors** Occupation **Software Engineer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KMDX7**

Date of Receipt

**08 / 20 / 2015**

Amount of Each Receipt this Period

**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Catherine Hughes**

Mailing Address **1010 Wayne Ave  
14th Floor**

City **Silver Spring** State **MD** Zip Code **20910**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Radio One, Inc** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KPFF9**

Date of Receipt

**09 / 28 / 2015**

Amount of Each Receipt this Period

**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **4200.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael R Hughes**

Mailing Address 612 Bellaire Dr

City State Zip Code  
Demarest NJ 07627-1323

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Avalar Real Estate of the Poconos Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKGB6**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Bridget Hunter**

Mailing Address 4019 20th St N

City State Zip Code  
Arlington VA 22207-3009

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
U.S. Dept of State Editor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPA66**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Majid Hussain**

Mailing Address 2832 Kings Gift Dr

City State Zip Code  
Ellicott City MD 21042-2032

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
n/a Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNZK7**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel W. Hynes**

Mailing Address **2020 W Bradley Pl**

City	State	Zip Code
Chicago	IL	60618

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
UBS Asset Management	Institutional Sales

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KPFH3**

Date of Receipt  
MM / DD / YYYY  
**09 / 28 / 2015**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Kashif Iqbal**

Mailing Address **2024 Kennicott Rd**

City	State	Zip Code
Baltimore	MD	21244-1819

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Tax Preparer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KP049**

Date of Receipt  
MM / DD / YYYY  
**09 / 19 / 2015**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kamil Ismail**

Mailing Address **4317 Temora Manor Ln**

City	State	Zip Code
Ellicott City	MD	21042-5996

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Goodell, DeVries, LLP	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

**Transaction ID : VQCFK9KJF68**

Date of Receipt  
MM / DD / YYYY  
**07 / 07 / 2015**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 3300.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kamil Ismail**

Mailing Address 4317 Temora Manor Ln

City Ellicott City State MD Zip Code 21042-5996

FEC ID number of contributing federal political committee. **C**

Name of Employer Goodell, DeVries, LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KNZJ9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
**Jason Israel**

Mailing Address 533 S Sharp St

City Baltimore State MD Zip Code 21201

FEC ID number of contributing federal political committee. **C**

Name of Employer US Government Occupation Policy Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
471.76

**Transaction ID : VQCFK9KN357**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jason Israel**

Mailing Address 533 S Sharp St

City Baltimore State MD Zip Code 21201

FEC ID number of contributing federal political committee. **C**

Name of Employer US Government Occupation Policy Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
721.76

**Transaction ID : VQCFK9KQ532**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 700.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 191 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Reza Jafari**

Mailing Address 6810 Oxford Rd

City	State	Zip Code
Easton	MD	21601-8328

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
e-Development International	Chairman and CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2800.00

**Transaction ID : VQCFK9KMES8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			21			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Laura R. Jenkins**

Mailing Address PO Box 572

City	State	Zip Code
Ocean City	MD	21843-0572

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
n/a	Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KQDT9**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert K. Jenner**

Mailing Address 5515 Smallwood Court

City	State	Zip Code
Clarksville	MD	21029

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Janet, Jenner & Suggs, LLC	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KMVS6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			30			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 4200.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew V. Jezic**

Mailing Address 2730 University Blvd W #604

City State Zip Code  
Wheaton MD 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jezic & Moyse Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNV73**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Bruce Joffe**

Mailing Address 902 Rose Ave

City State Zip Code  
Piedmont CA 94611-4342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired GIS Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

**Transaction ID : VQCFK9KK7Q3**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2015

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Bruce Joffe**

Mailing Address 902 Rose Ave

City State Zip Code  
Piedmont CA 94611-4342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired GIS Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

**Transaction ID : VQCFK9KM7N1**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 700.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Joffe**

Mailing Address 902 Rose Ave

City State Zip Code  
Piedmont CA 94611-4342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired GIS Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KQFS5**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Antoinette Johnson**

Mailing Address 1217 Sansom St  
Apt 4N

City State Zip Code  
Philadelphia PA 19107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AT Media CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNJM6**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Orlan M. Johnson**

Mailing Address 14216 Dunwood Valley Dr

City State Zip Code  
Bowie MD 20721-1246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TJC Consulting Group LLC Legal Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPJ31**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 800.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Terry E. Johnson**

Mailing Address 150 Huntington Pl

City	State	Zip Code
Colorado Springs	CO	80906-4316

FEC ID number of contributing federal political committee.

Name of Employer Mobility-4-Business, Inc.	Occupation Secretary-Treasurer
---	-----------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP690**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Amanda Jones**

Mailing Address 601 Poydras St

City	State	Zip Code
New Orleans	LA	70130-6029

FEC ID number of contributing federal political committee.

Name of Employer n/a	Occupation Homemaker
-------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPRD2**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Brian Jordan**

Mailing Address 522 Carroll Street

City	State	Zip Code
Brooklyn	NY	11215

FEC ID number of contributing federal political committee.

Name of Employer Holy Name Province	Occupation Clergy
--	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQ489**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Jorgensen**

Mailing Address 300 River Road  
Suite 303

City Manchester State NH Zip Code 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

**Transaction ID : VQCFK9KPNH8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**Donald Jorgensen**

Mailing Address 300 River Road  
Suite 303

City Manchester State NH Zip Code 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

**Transaction ID : VQCFK9KPNM1**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Kevin J Joyce**

Mailing Address 29 N Mead St

City Charlestown State MA Zip Code 02129-1448

FEC ID number of contributing federal political committee. **C**

Name of Employer Permit Lawyer Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KN9Z4**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2015

Amount of Each Receipt this Period  
300.00

**Subtotal Of Receipts This Page** (optional).....▶ 525.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jerold Jung</b>	<b>Transaction ID : VQCFK9KNT21</b>
Mailing Address PO Box 7060	Date of Receipt MM / DD / YYYY 09 / 14 / 2015
City Novi State MI Zip Code 48376-7060	Amount of Each Receipt this Period 5400.00
FEC ID number of contributing federal political committee. C	Excessive portion will be re-attributed to spouse
Name of Employer Retired Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5400.00
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Richard C. Justis</b>	<b>Transaction ID : VQCFK9KJQN2</b>
Mailing Address 26930 W 73rd St	Date of Receipt MM / DD / YYYY 07 / 14 / 2015
City Shawnee State KS Zip Code 66227-2519	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	
Name of Employer Johnson Controls Occupation Business Development Manager	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mubarik Kahlon</b>	<b>Transaction ID : VQCFK9KPC12</b>
Mailing Address 1225 Port Houston Street	Date of Receipt MM / DD / YYYY 09 / 27 / 2015
City Houston State TX Zip Code 77029	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	
Name of Employer GNC Occupation Self Employed	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

Subtotal Of Receipts This Page (optional).....▶ 6900.00

Total This Period (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Mitchell Kamin**

Mailing Address 111 N. Las Palmas Ave.

City Los Angeles State CA Zip Code 90004

FEC ID number of contributing federal political committee. **C**

Name of Employer Covington & Burling LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP567**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2015

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph F Kaminski**

Mailing Address 610 Parkside Cir

City Streamwood State IL Zip Code 60107-1665

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQDH8**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2015

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dawn Kane**

Mailing Address 4609 Broken Lute Way

City Ellicott City State MD Zip Code 21042-5959

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP4R6**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2015

Amount of Each Receipt this Period  
 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>David Kaplan</b>		<b>Transaction ID : VQCFK9KNXX0</b>	
Mailing Address <b>2215 S Madison St</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 18 / 2015</b>	
City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80210-4920</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer <b>Haddon, Morgan, Foreman P.C.</b>	Occupation <b>Attorney</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Shaukat Karjeker</b>		<b>Transaction ID : VQCFK9KK2D2</b>	
Mailing Address <b>1905 Triple Crown Ln</b>		Date of Receipt M M / D D / Y Y Y Y <b>07 / 23 / 2015</b>	
City <b>Plano</b>	State <b>TX</b>	Zip Code <b>75093-4510</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>	
Name of Employer <b>Carstens &amp; Cahoon LLP</b>	Occupation <b>Attorney</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Shaukat Karjeker</b>		<b>Transaction ID : VQCFK9KPQ23</b>	
Mailing Address <b>1905 Triple Crown Ln</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 29 / 2015</b>	
City <b>Plano</b>	State <b>TX</b>	Zip Code <b>75093-4510</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>	
Name of Employer <b>Carstens &amp; Cahoon LLP</b>	Occupation <b>Attorney</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>		

**Subtotal Of Receipts This Page** (optional).....▶ **1250.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 199 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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 NAME OF COMMITTEE (In Full)  
**O'Malley for President**
**A.** Full Name (Last, First, Middle Initial)

**Lawrence P. Kast**

Mailing Address 324 State St

City	State	Zip Code
Annapolis	MD	21403-2422

FEC ID number of contributing federal political committee.

 Name of Employer  
 Honeywell

 Occupation  
 Vice President, State Government Relat

Receipt For: 2016

 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP4D9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)

**Mark Alan Kaufman**

Mailing Address 4405 Bedford Pl

City	State	Zip Code
Baltimore	MD	21218-1002

FEC ID number of contributing federal political committee.

 Name of Employer  
 United States Department of the Treasu

 Occupation  
 Senior Counselor

Receipt For: 2016

 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM121**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			12			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

**Richard A. Kay**

 Mailing Address 11300 Rockville Pike  
 Ste 715

City	State	Zip Code
Rockville	MD	20852-3011

FEC ID number of contributing federal political committee.

 Name of Employer  
 Strategic Management Consultants, LLC

 Occupation  
 President

Receipt For: 2016

 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMWZ7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page (optional)**.....

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Keener**

Mailing Address 1713 Circle Road

City State Zip Code  
Towson MD 21286

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Gallagher Evelius & Jones LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPEV1**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Garrison Keillor**

Mailing Address 294 Summit Ave

City State Zip Code  
Saint Paul MN 55102-2121

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Prairie Home Productions Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKWS1**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Garrison Keillor**

Mailing Address 294 Summit Ave

City State Zip Code  
Saint Paul MN 55102-2121

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Prairie Home Productions Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKWT9**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Peter E. Keith**

Mailing Address **218 North Charles St.  
Suite 400**

City **Baltimore** State **MD** Zip Code **21201**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Gallagher, Evelius & Jones LLP** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KPSM9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ben Kelley**

Mailing Address **14 Ridge Rd**

City **Concord** State **NH** Zip Code **03301-3010**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Brady Sullivan Properties** Occupation **Commercial Real Estate**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KN0N5**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 01 / 2015**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth Kelly**

Mailing Address **73 Union Sq**

City **Somerville** State **MA** Zip Code **02143-3032**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Business Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KQMR9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 03 / 2015**

Amount of Each Receipt this Period  
**1000.00**

\* In-Kind: Catering

**Subtotal Of Receipts This Page** (optional)..... **1750.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth Kelly**

Mailing Address 73 Union Sq

City State Zip Code  
Somerville MA 02143-3032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNAJ2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2015

Amount of Each Receipt this Period  
1700.00

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Kelly**

Mailing Address 417 Cedarcroft Rd

City State Zip Code  
Baltimore MD 21212-2523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Maryland Baltimore Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

**Transaction ID : VQCFK9KNYF2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Nick Kelly**

Mailing Address 2238 Midland Ave

City State Zip Code  
Glenwood Springs CO 81601-4059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
195.00

**Transaction ID : VQCFK9KPB51**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2015

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 2050.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Nick Kelly**

Mailing Address 2238 Midland Ave

City State Zip Code  
Glenwood Springs CO 81601-4059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
295.00

**Transaction ID : VQCFK9KPM84**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Nick Kelly**

Mailing Address 2238 Midland Ave

City State Zip Code  
Glenwood Springs CO 81601-4059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
545.00

**Transaction ID : VQCFK9KQ6C3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**John M. Kemp**

Mailing Address 8 Bowen Mill Rd

City State Zip Code  
Towson MD 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Royal Farms CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KP7A1**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 3050.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Bob Kennedy**

Mailing Address 1520 south negley avenue

City	State	Zip Code
pittsburgh	PA	15217

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
upmc	Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KNEM7**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			10			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**KeyDash Development LLC**

Mailing Address 1210 Light St

City	State	Zip Code
Baltimore	MD	21230-4306

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KP4T2**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

LLC - Members below if itemized. Permissible funds.

**C.** Full Name (Last, First, Middle Initial)  
**Dorian Keydash**

Mailing Address 1210 Light St

City	State	Zip Code
Baltimore	MD	21230-4306

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Keydash Development	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KRCV3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1500.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Faisal Khan**

Mailing Address 7088 Balmoral Forest Rd

City	State	Zip Code
Clifton	VA	20124-1539

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Capital Transportation	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP126**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			19			2015			

Amount of Each Receipt this Period

<input type="text" value="700.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Raes M. Khan**

Mailing Address 1406 King William Dr

City	State	Zip Code
Catonsville	MD	21228-1036

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP134**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			19			2015			

Amount of Each Receipt this Period

<input type="text" value="800.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Brian Henry Kildee Sr**

Mailing Address 2829 Sacks St MH201

City	State	Zip Code
Silver Spring	MD	20910

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK879**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			26			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John J. Killeen III**

Mailing Address 10512 Bridle Ln

City State Zip Code  
Potomac MD 20854-3888

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Leidos VP Government Affairs - Federal

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNVC2**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Kinney**

Mailing Address 941 Melvin Rd

City State Zip Code  
Annapolis MD 21403-1315

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KRGV2**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Joshua Klein**

Mailing Address 121 E. 31st

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Monarch Business and Wealth Management Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK8S9**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Robert F Klein**

Mailing Address **8 Battle Flagg Rd**

City **Bedford** State **MA** Zip Code **01730-2026**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KMC Land Development** Occupation **Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KNA67**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 05 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Stephanie Klein**

Mailing Address **PO Box 5956**

City **Eureka** State **CA** Zip Code **95502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GHD** Occupation **Environmental Scientist**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KPY67**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jacob Kleinrock**

Mailing Address **6612 Clearbrook Dr**

City **Nashville** State **TN** Zip Code **37205**

FEC ID number of contributing federal political committee. **C**

Name of Employer **O'Malley for President** Occupation **Fundraiser**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**321.00**

**Transaction ID : VQCFK9KKP28**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 04 / 2015**

Amount of Each Receipt this Period  
**61.00**

**Subtotal Of Receipts This Page** (optional)..... **1311.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jacob Kleinrock**

Mailing Address 6612 Clearbrook Dr

City	State	Zip Code
Nashville	TN	37205

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
O'Malley for President	Fundraiser

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 326.00

**Transaction ID : VQCFK9KMMG0**

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period

_____ 5.00
------------

**B.** Full Name (Last, First, Middle Initial)  
**Michael Knapp**

Mailing Address 17525 Charity Ln

City	State	Zip Code
Germantown	MD	20874-2967

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Orion Ventures, LLC	CEO/Consulting Services

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KPT79**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

_____ 500.00
--------------

**C.** Full Name (Last, First, Middle Initial)  
**Margery D. D Knight**

Mailing Address 628 Snow Goose Ln

City	State	Zip Code
Annapolis	MD	21409

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
unitarian universalist church of annap	Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 300.00

**Transaction ID : VQCFK9KK3D5**

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

_____ 100.00
--------------

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 605.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Margery D. D Knight**

Mailing Address 628 Snow Goose Ln

City	State	Zip Code
Annapolis	MD	21409

FEC ID number of contributing federal political committee.

Name of Employer  
unitarian universalist church of annap

Occupation  
Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM5P6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Margery D. D Knight**

Mailing Address 628 Snow Goose Ln

City	State	Zip Code
Annapolis	MD	21409

FEC ID number of contributing federal political committee.

Name of Employer  
unitarian universalist church of annap

Occupation  
Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMP17**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Margery D. D Knight**

Mailing Address 628 Snow Goose Ln

City	State	Zip Code
Annapolis	MD	21409

FEC ID number of contributing federal political committee.

Name of Employer  
unitarian universalist church of annap

Occupation  
Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPTM1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Anne Knorr**

Mailing Address 126 White Oaks Ln

City	State	Zip Code
Carmel Valley	CA	93924-9650

FEC ID number of contributing federal political committee.

Name of Employer hospital	Occupation Critical Care Nurse
------------------------------	-----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJF50**

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Receipt this Period

<input type="text" value="20.00"/>
------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Anne Knorr**

Mailing Address 126 White Oaks Ln

City	State	Zip Code
Carmel Valley	CA	93924-9650

FEC ID number of contributing federal political committee.

Name of Employer hospital	Occupation Critical Care Nurse
------------------------------	-----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJN94**

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

<input type="text" value="35.00"/>
------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Anne Knorr**

Mailing Address 126 White Oaks Ln

City	State	Zip Code
Carmel Valley	CA	93924-9650

FEC ID number of contributing federal political committee.

Name of Employer hospital	Occupation Critical Care Nurse
------------------------------	-----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJWE7**

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

<input type="text" value="35.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Anne Knorr**

Mailing Address 126 White Oaks Ln

City State Zip Code  
Carmel Valley CA 93924-9650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
hospital Critical Care Nurse

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
170.00

**Transaction ID : VQCFK9KKT75**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2015

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
**Anne Knorr**

Mailing Address 126 White Oaks Ln

City State Zip Code  
Carmel Valley CA 93924-9650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
hospital Critical Care Nurse

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
205.00

**Transaction ID : VQCFK9KM1H7**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2015

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
**Anne Knorr**

Mailing Address 126 White Oaks Ln

City State Zip Code  
Carmel Valley CA 93924-9650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
hospital Critical Care Nurse

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
255.00

**Transaction ID : VQCFK9KMB12**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2015

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 120.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 212 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Anne Knorr</b> Mailing Address 126 White Oaks Ln City State Zip Code Carmel Valley CA 93924-9650			<b>Transaction ID : VQCFK9KMTD9</b> Date of Receipt MM / DD / YYYY 08 / 28 / 2015
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">25.00</div>
Name of Employer hospital Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Critical Care Nurse Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 5px; text-align: right;">280.00</div>		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Anne Knorr</b> Mailing Address 126 White Oaks Ln City State Zip Code Carmel Valley CA 93924-9650			<b>Transaction ID : VQCFK9KN7T9</b> Date of Receipt MM / DD / YYYY 09 / 05 / 2015
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">35.00</div>
Name of Employer hospital Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Critical Care Nurse Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 5px; text-align: right;">315.00</div>		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Erin Knott</b> Mailing Address 338 Clubhouse Rd City State Zip Code Hunt Valley MD 21031-1305			<b>Transaction ID : VQCFK9KPJ98</b> Date of Receipt MM / DD / YYYY 09 / 29 / 2015
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">2700.00</div>
Name of Employer Knott Mechancial Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CTO Election Cycle-to-Date ▼ <div style="border: 1px solid black; padding: 5px; text-align: right;">2700.00</div>		

**Subtotal Of Receipts This Page (optional)**.....▶ 

2760.00

**Total This Period (last page this line number only)**.....▶ 

2760.00

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Owen M. Knott**

Mailing Address 338 Clubhouse Rd

City	State	Zip Code
Hunt Valley	MD	21031-1305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Knott Mechancial	COO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : VQCFK9KPJ80**

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2015

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas J. Knox CLU, ChFC**

Mailing Address 1650 Market St  
FI 46

City	State	Zip Code
Philadelphia	PA	19103-7305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Knox Consulting Group	CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : VQCFK9KM3H3**

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period

2700.00

**C.** Full Name (Last, First, Middle Initial)  
**William Koch**

Mailing Address 1601 Forum Pl  
Ste 307

City	State	Zip Code
West Palm Beach	FL	33401-8103

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Oxbow Carbon LLC	Chief Executive Officer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : VQCFK9KKTE0**

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page** (optional).....  8100.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles J Kolling Kr.**

Mailing Address 1 Oxford Ctr  
FI 20

City	State	Zip Code
Pittsburgh	PA	15219-1400

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Buchanan Ingersoll & Rooney	Government Affairs Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNMV5**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Kopp**

Mailing Address 6301 Dahlonga Rd  
Dahlonga Rd

City	State	Zip Code
Bethesda	MD	20816-2103

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
retired	attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
125.00

**Transaction ID : VQCFK9KMW28**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2015

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Kopp**

Mailing Address 6301 Dahlonga Rd  
Dahlonga Rd

City	State	Zip Code
Bethesda	MD	20816-2103

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
retired	attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
425.00

**Transaction ID : VQCFK9KP261**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2015

Amount of Each Receipt this Period  
300.00

**Subtotal Of Receipts This Page** (optional).....▶ 600.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**David Kopstein**

Mailing Address **8633 Cross Chase Court**

City **Fairfax Station** State **VA** Zip Code **22039**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KMQP4**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 27 / 2015**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mariam Korangy**

Mailing Address **6563 Crescent Lake Dr**

City **Lakeland** State **FL** Zip Code **33813-4654**

FEC ID number of contributing federal political committee. **C**

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KMSB2**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 18 / 2015**

Amount of Each Receipt this Period  
**2700.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **14 Arrow St  
Ste 11**

City **Cambridge** State **MA** Zip Code **02138-5106**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation **Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**18027.32**

**Transaction ID : VQCFK9KMSB2E**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 28 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**Subtotal Of Receipts This Page (optional)**..... **2950.00**

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Shervin Korangy**

Mailing Address **6563 Crescent Lake Dr**

City **Lakeland** State **FL** Zip Code **33813-4654**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Novartis** Occupation **GM of UK & Ireland**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KMS89**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 18 / 2015**

Amount of Each Receipt this Period  
**2700.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **14 Arrow St  
Ste 11**

City **Cambridge** State **MA** Zip Code **02138-5106**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**18027.32**

**Transaction ID : VQCFK9KMS89E**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 28 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Korman**

Mailing Address **3801 Mission Hills Rd**

City **Northbrook** State **IL** Zip Code **60062-5729**

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation  
**Information Requested**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KPG19**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 28 / 2015**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **2950.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**David Korman**

Mailing Address 3819 N Tripp Ave

City Chicago State IL Zip Code 60641

FEC ID number of contributing federal political committee. **C**

Name of Employer Guggenheim Capital LLC Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KN872**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 06 / 2015

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Dawn Korman**

Mailing Address 3819 N Tripp Ave

City Chicago State IL Zip Code 60641

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Artist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KQPM1**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 06 / 2015

Amount of Each Receipt this Period

2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Kramer**

Mailing Address 4742 Hale Haven Dr

City Ellicott City State MD Zip Code 21043-6669

FEC ID number of contributing federal political committee. **C**

Name of Employer State of MD Occupation Judge

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNNB2**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page** (optional).....▶ 5650.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Lee Kranefuss**

Mailing Address 300 Summit Ave

City	State	Zip Code
Mill Valley	CA	94941-1001

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
The Kranefuss Group	Finance

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMP74**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Stamatis M Krimigis**

Mailing Address 613 Cobblestone Ct

City	State	Zip Code
Silver Spring	MD	20905-5806

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NASA	Principal Investigator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNP15**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Dawn Kum**

Mailing Address 1525 Blue Meadow Rd

City	State	Zip Code
Potomac	MD	20854

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Village Academy of Maryland	Educator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPWC2**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jill T. Kurtz**

Mailing Address 43588 Scenic Lane

City Northville State MI Zip Code 48167

FEC ID number of contributing federal political committee. **C**

Name of Employer shaw electric co Occupation retired teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KKWGO**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 11 / 2015

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Kurzweil**

Mailing Address 809 Olde Georgetown Ct

City Great Falls State VA Zip Code 22066-2700

FEC ID number of contributing federal political committee. **C**

Name of Employer Venable Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KP805**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2015

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Craig Kwiecinski**

Mailing Address 151 Warm Sunday Way  
Apt 5

City Mechanicsburg State PA Zip Code 17050

FEC ID number of contributing federal political committee. **C**

Name of Employer Caliguirri Group Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KMZF7**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 01 / 2015

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Kyser**

Mailing Address **7 Sandy Fields Ln**

City <b>Stony Point</b>	State <b>NY</b>	Zip Code <b>10980</b>
----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee.

Name of Employer <b>Warner Music Group</b>	Occupation <b>President of Urban Music, Atlantic Rec</b>
---	---

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKB83**

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Lack**

Mailing Address **207 East Road**

City <b>Glen Ellyn</b>	State <b>IL</b>	Zip Code <b>60317</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee.

Name of Employer <b>Bridgestone</b>	Occupation <b>Marketing</b>
--	--------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQ8E4**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Robert C Land**

Mailing Address **14100 Marian Dr**

City <b>Rockville</b>	State <b>MD</b>	Zip Code <b>20850-3432</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

Name of Employer <b>JetBlue</b>	Occupation <b>Attorney</b>
------------------------------------	-------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KHZQ8**

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Mason Lane**

Mailing Address 1910 Christian St.  
Unit A

City	State	Zip Code
Philadelphia	PA	19146

FEC ID number of contributing federal political committee. C

Name of Employer  
Pa. House of Reps, Dem Caucus

Occupation  
Legislative Aide

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KN9B6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

<span style="border: 1px solid black; padding: 2px;">250.00</span>
--

**B.** Full Name (Last, First, Middle Initial)  
**Ann-Marie Laney**

Mailing Address 4 Adrienne Court

City	State	Zip Code
Randallstown	MD	21133

FEC ID number of contributing federal political committee. C

Name of Employer  
n/a

Occupation  
Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1035.00

**Transaction ID : VQCFK9KKT5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			08			2015			

Amount of Each Receipt this Period

<span style="border: 1px solid black; padding: 2px;">1000.00</span>
---

**C.** Full Name (Last, First, Middle Initial)  
**Ann-Marie Laney**

Mailing Address 4 Adrienne Court

City	State	Zip Code
Randallstown	MD	21133

FEC ID number of contributing federal political committee. C

Name of Employer  
n/a

Occupation  
Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2035.00

**Transaction ID : VQCFK9KNDX5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			10			2015			

Amount of Each Receipt this Period

<span style="border: 1px solid black; padding: 2px;">1000.00</span>
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**Subtotal Of Receipts This Page** (optional)..... 2250.00

**Total This Period** (last page this line number only)..... 2250.00

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Ann-Marie Laney**

Mailing Address 4 Adrienne Court

City: Randallstown State: MD Zip Code: 21133

FEC ID number of contributing federal political committee.

Name of Employer: n/a Occupation: Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify)   
 Election Cycle-to-Date

**Transaction ID : VQCFK9KQ4W7**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Darren LaPorte**

Mailing Address 4517 Holland Ave  
Apt 104

City: Dallas State: TX Zip Code: 75219-2171

FEC ID number of contributing federal political committee.

Name of Employer: COC Occupation: Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)   
 Election Cycle-to-Date

**Transaction ID : VQCFK9KJYC7**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 20 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Darrell Larsen**

Mailing Address 978 Elm Ridge Dr

City: Glencoe State: IL Zip Code: 60022-1127

FEC ID number of contributing federal political committee.

Name of Employer: Chapman & Cutler LLP Occupation: Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)   
 Election Cycle-to-Date

**Transaction ID : VQCFK9KKSH1**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page (optional)**.....

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Julie Larsen**

Mailing Address 978 Elm Ridge Dr

City	State	Zip Code
Glencoe	IL	60022-1127

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKSJ9**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Suzanne Larson**

Mailing Address 7005 East Ave

City	State	Zip Code
Chevy Chase	MD	20815-6015

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Prince George's Community College	Program Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMZP2**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Corinna Lathan**

Mailing Address 2112 Cascade Rd

City	State	Zip Code
Silver Spring	MD	20902-4240

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AnthroTronix	Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK4Q7**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Corinna Lathan**

Mailing Address 2112 Cascade Rd

City	State	Zip Code
Silver Spring	MD	20902-4240

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AnthroTronix	Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPA09**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Farhan Latif**

Mailing Address 2052 Spice Lane

City	State	Zip Code
Naperville	IL	60565

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Tyson Foods	IT Management

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPCA3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Sahibzada Latif**

Mailing Address 6 Cedar Grove Ct

City	State	Zip Code
Savoy	IL	61874-9361

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Carle Foundation Hospital	Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPG69**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Yun-Tung Lau**

Mailing Address 9913 Harrogate Rd

City	State	Zip Code
Bethesda	MD	20817-1509

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Leidos	Software Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPPA3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Andrew A Lauland**

Mailing Address 609 E Clement Street

City	State	Zip Code
Baltimore	MD	21230

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RAND Corporation	Policy Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK1H3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			23			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Andrew A Lauland**

Mailing Address 609 E Clement Street

City	State	Zip Code
Baltimore	MD	21230

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RAND Corporation	Policy Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPH79**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**William Lawless Sr.**

Mailing Address 60 E. Monroe St. #3703

City	State	Zip Code
Chicago	IL	60603

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
The Gage Chicago	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPFW0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth E Lawrence Jr.**

Mailing Address 351 Knoll Rd

City	State	Zip Code
Plymouth Meeting	PA	19462-7152

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Temple University	Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNMY9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**C York Lawson**

Mailing Address 62 N Main St  
Apt 1301

City	State	Zip Code
Memphis	TN	38103-5041

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP7T8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Kristina Lawson</b> Mailing Address 1959 Woodbury Court City Walnut Creek State CA Zip Code 94596 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Manatt, Phelps & Phillips, LLP Occupation Attorney Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1500.00"/>		<b>Transaction ID : VQCFK9KMDV3</b> Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2015 Amount of Each Receipt this Period <input type="text" value="1000.00"/>
--	--	---

<b>B.</b> Full Name (Last, First, Middle Initial) <b>John Lazzaro III</b> Mailing Address 1530 Sparks Rd City Sparks State MD Zip Code 21152-9413 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Valley Advisors, LLC Occupation CPA Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : VQCFK9KKGS7</b> Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2015 Amount of Each Receipt this Period <input type="text" value="1200.00"/>
--	--	---

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Lynn Lazzaro</b> Mailing Address 1530 Sparks Rd City Sparks State MD Zip Code 21152-9413 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Valley Advisors, LLC Occupation CPA Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : VQCFK9KKGR9</b> Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2015 Amount of Each Receipt this Period <input type="text" value="1200.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Minh Ngoc Le**

Mailing Address 3933 Oliver St

City State Zip Code  
Chevy Chase MD 20815-3434

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Better Earth LLC. Coach

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
520.16

**Transaction ID : VQCFK9KNPR5**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2015

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter J Lee**

Mailing Address 3275 Robinson Road

City State Zip Code  
Deephaven MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EverStream Energy Capital Management Founder & Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : VQCFK9KN0A0**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 01 / 2015

Amount of Each Receipt this Period

5400.00

Excessive funds will be re-attributed to spouse

**C.** Full Name (Last, First, Middle Initial)  
**Lucie Lehmann**

Mailing Address 23 Carvel Drive

City State Zip Code  
Annapolis MD 21409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Senator Barbara A. Mikulski State Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : VQCFK9KM5M0**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 14 / 2015

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 6900.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Leib**

Mailing Address 455 Barbara Ave

City State Zip Code  
Solana Beach CA 92075-1201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Liquid Environmental Solutions General Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPPC9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dorothy J. Lennig**

Mailing Address 11880 Homewood Road

City State Zip Code  
Ellicott City MD 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
House of Ruth Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KPDC0**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Levin**

Mailing Address 23 Pleasant View Trl

City State Zip Code  
North Mankato MN 56003-2442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
285.00

**Transaction ID : VQCFK9KKRR4**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 850.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>Daniel Levin</b></p> <p>Mailing Address <b>23 Pleasant View Trl</b></p> <p>City <b>North Mankato</b> State <b>MN</b> Zip Code <b>56003-2442</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>Retired</b> Occupation <b>Retired</b></p> <p>Receipt For: 2016  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>535.00</b></p>		<p><b>Transaction ID : VQCFK9KNJW0</b></p> <p>Date of Receipt  M M / D D / Y Y Y Y  <b>09 / 11 / 2015</b></p> <p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Jerome Levine</b></p> <p>Mailing Address <b>6 Colvin Rd.</b></p> <p>City <b>Scarsdale</b> State <b>NY</b> Zip Code <b>10583</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>Loebg &amp; Loeb LLP</b> Occupation <b>Attorney</b></p> <p>Receipt For: 2016  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>250.00</b></p>		<p><b>Transaction ID : VQCFK9KNWM8</b></p> <p>Date of Receipt  M M / D D / Y Y Y Y  <b>09 / 17 / 2015</b></p> <p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Yvette Lewis</b></p> <p>Mailing Address <b>3609 Denmark Pl</b></p> <p>City <b>Bowie</b> State <b>MD</b> Zip Code <b>20721</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>OperaKids</b> Occupation <b>Directo</b></p> <p>Receipt For: 2016  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>1500.00</b></p>		<p><b>Transaction ID : VQCFK9KMF29</b></p> <p>Date of Receipt  M M / D D / Y Y Y Y  <b>08 / 21 / 2015</b></p> <p>Amount of Each Receipt this Period  <b>500.00</b></p>

**Subtotal Of Receipts This Page** (optional).....▶ **1000.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Yvette Lewis**

Mailing Address 3609 Denmark PI

City State Zip Code  
Bowie MD 20721

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OperaKids Directo

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

**Transaction ID : VQCFK9KPZ61**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Ava Lias-Booker**

Mailing Address 2808 Kings Gift Dr

City State Zip Code  
Ellicott City MD 21042-2032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McGuire Woods, LLP Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNF77**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2015

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Howard Libit**

Mailing Address 50 Dunkirk Road

City State Zip Code  
Baltimore MD 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baltimore City Communications

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KN1M0**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Connie J. Lierman**

Mailing Address 6301 Mountain Branch Ct

City	State	Zip Code
Bethesda	MD	20817-5838

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Community of Hope Health Services	pediatric Nurse practitioner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KN704**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Alfred C. Liggins III**

Mailing Address 1010 Wayne Ave  
Ste 1400

City	State	Zip Code
Silver Spring	MD	20910-5652

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Radio One Inc	President/CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KPET3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Dara Lindenbaum**

Mailing Address 1101 Higgins Pl  
Apt 403

City	State	Zip Code
Rockville	MD	20852-6731

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Sandler Reiff Lamb Rosenstein & Birken	Lawyer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 200.00

**Transaction ID : VQCFK9KJXY6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			20			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 5500.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dara Lindenbaum</b>		<b>Transaction ID : VQCFK9KPX33</b>
Mailing Address 1101 Higgins Pl Apt 403		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015
City Rockville	State MD	Zip Code 20852-6731
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer Sandler Reiff Lamb Rosenstein & Birken	Occupation Lawyer	
Receipt For: 2016 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Epathea Litmer</b>		<b>Transaction ID : VQCFK9KMG4</b>
Mailing Address 8 Deep Brook Hbr		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2015
City Suffield	State CT	Zip Code 06078-1454
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer n/a	Occupation Homemaker	
Receipt For: 2016 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Robert Lively</b>		<b>Transaction ID : VQCFK9KPHR4</b>
Mailing Address 2353 N. Oakland Street		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2015
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer Allergan	Occupation VP	
Receipt For: 2016 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**Subtotal Of Receipts This Page (optional).....** 1600.00

**Total This Period (last page this line number only).....**

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Alex Lodde**

Mailing Address 18451 SW 158th St

City	State	Zip Code
Miami	FL	33187-1200

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPV4**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Loeb**

Mailing Address 5709 St Albans Way

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Baltimore County Government	Policy Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMS71**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			28			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Robert A. Loeb**

Mailing Address 5709 St. Albans Way

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Barenburg Eye Associates	Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMYD8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>James Loewen</b>		<b>Transaction ID : VQCFK9KP5M8</b>
Mailing Address 2014 21st street Apt B		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2015
City Santa Monica	State CA	Zip Code 90404
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer State of California	Occupation analyst	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>James Loewen</b>		<b>Transaction ID : VQCFK9KPNY8</b>
Mailing Address 2014 21st street Apt B		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2015
City Santa Monica	State CA	Zip Code 90404
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00
Name of Employer State of California	Occupation analyst	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Ed Logsdon</b>		<b>Transaction ID : VQCFK9KPJX4</b>
Mailing Address 308 Briarwood Ln		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2015
City Winchester	State KY	Zip Code 40391-8533
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer n/a	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**Subtotal Of Receipts This Page (optional)**.....▶ 550.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Eric Loney**

Mailing Address 36508 Meadow Lane

City State Zip Code  
Cumming IA 50061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KKWE4**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward Robert Long**

Mailing Address 430 N Jackson St

City State Zip Code  
Arlington VA 22201-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Van Scoyoc Associates Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KKNY53**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eddie Lopez**

Mailing Address 1469 Calle Aibonito

City State Zip Code  
San Juan PR 00909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KKFB4**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 3700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Stanley Lowe**

Mailing Address 1408 Sheffield St

City Pittsburgh State PA Zip Code 15233-1522

FEC ID number of contributing federal political committee. **C**

Name of Employer Pittsburgh Neighborhood Preservation S Occupation President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNMK2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Alexis Lowry**

Mailing Address 73 Wood Street

City Providence State RI Zip Code 02909

FEC ID number of contributing federal political committee. **C**

Name of Employer Brown University Occupation Curator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KJF91**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Naeem Lughmani**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Physician Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KPG92**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Lundblad**

Mailing Address 122 4th Ave

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UC Davis Lecturer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
185.00

**Transaction ID : VQCFK9KKWZ8**

Date of Receipt

**08 / 11 / 2015**

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Lundblad**

Mailing Address 122 4th Ave

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UC Davis Lecturer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.00

**Transaction ID : VQCFK9KKYS4**

Date of Receipt

**08 / 12 / 2015**

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
**Jerry Lundblad**

Mailing Address 122 4th Ave

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UC Davis Lecturer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
235.00

**Transaction ID : VQCFK9KM8C3**

Date of Receipt

**08 / 17 / 2015**

Amount of Each Receipt this Period

25.00

**Subtotal Of Receipts This Page** (optional).....▶ 150.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Lundblad**

Mailing Address 122 4th Ave

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UC Davis Lecturer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.00

**Transaction ID : VQCFK9KMRH7**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 27 / 2015

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Lundblad**

Mailing Address 122 4th Ave

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UC Davis Lecturer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
275.00

**Transaction ID : VQCFK9KN0Y6**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 01 / 2015

Amount of Each Receipt this Period

15.00

**C.** Full Name (Last, First, Middle Initial)  
**Jerry Lundblad**

Mailing Address 122 4th Ave

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UC Davis Lecturer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
285.00

**Transaction ID : VQCFK9KNG62**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2015

Amount of Each Receipt this Period

10.00

**Subtotal Of Receipts This Page** (optional).....▶ 50.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Lundblad**

Mailing Address 122 4th Ave

City	State	Zip Code
San Francisco	CA	94118

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
UC Davis	Lecturer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP559**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Ronald Lussier**

Mailing Address 4748 Jean Dr.

City	State	Zip Code
San Diego	CA	92115

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Scripps Health	ER Tech

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJT78**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Kevin Lynch**

Mailing Address 14713  
Forest Creek Way

City	State	Zip Code
Louisville	KY	40245

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ARGI Financial Group	Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP7D5**

Date of Receipt  
M M / D D / 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).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Patrick Lynch**

Mailing Address 16 Hinckley St

City	State	Zip Code
Dorchester	MA	02125

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
C21 Cityside	Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMPF7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**John MacNeil**

Mailing Address 65 Oxbow Rd

City	State	Zip Code
Lincoln	MA	01773-5014

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Greenfield Production Services	Producer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KHYE4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			01			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Mike Mahaffey**

Mailing Address 1316 Falkirk Ct

City	State	Zip Code
Nashville	TN	37221-3625

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
J. Michaels Clothiers	President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMSR5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			28			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Frieda G. Malament**

Mailing Address **3050 Military Rd NW  
Apt 534**

City **Washington** State **DC** Zip Code **20015-1364**

FEC ID number of contributing federal political committee. **C**

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KJK5**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 10 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Maldonado**

Mailing Address **11 mar del Coral  
Villamar**

City **Carolina** State **PR** Zip Code **00979**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Health Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KKK1**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 31 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Yasser Malik**

Mailing Address **839 Chestnut St**

City **Hinsdale** State **IL** Zip Code **60521-3008**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Bank of America** Occupation **Credit Executive**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KPG35**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 28 / 2015**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **5650.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph T. Mallon Jr.**

Mailing Address 300 E Lombard St  
Ste 815

City Baltimore State MD Zip Code 21202-3548

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mallon & McCool, LLC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1350.00

**Transaction ID : VQCFK9KPRP4**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period  
 1350.00

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Malloy**

Mailing Address 2023 N Halsted

City Chicago State IL Zip Code 60614

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Forde Law Offices LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 750.00

**Transaction ID : VQCFK9KPCE3**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**David J. Malone**

Mailing Address 4404 Liberty Ave  
Ste 750

City Pittsburgh State PA Zip Code 15224

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Gateway Financial Group, Inc. Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : VQCFK9KKP60**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period  
 2700.00

**Subtotal Of Receipts This Page** (optional).....  4300.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sean R. Malone**

Mailing Address 2423 Maryland Ave

City	State	Zip Code
Baltimore	MD	21218-5083

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Lawyer	Harris Jones & Malone, LLC

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNJ32**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Sheila Maloney**

Mailing Address 4213 Glenridge St

City	State	Zip Code
Kensington	MD	20895-3712

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNVE8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			16			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Timothy F Maloney**

Mailing Address 12312 Lima Drive

City	State	Zip Code
Silver Spring	MD	90214

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Joseph, Greenwald & Laake, P.A.	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK439**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			24			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Manekin**

Mailing Address **229 Ashland Rd**

City **Hunt Valley** State **MD** Zip Code **21030-1901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Seawall Development** Occupation **Principal**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1300.00**

**Transaction ID : VQCFK9KPX41**

Date of Receipt

**09 / 30 / 2015**

Amount of Each Receipt this Period

**1300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Thibault Manekin**

Mailing Address **1500 Union Ave  
Apt 115**

City **Baltimore** State **MD** Zip Code **21211-1975**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Seawall Development** Occupation **Principal**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1300.00**

**Transaction ID : VQCFK9KMR36**

Date of Receipt

**08 / 27 / 2015**

Amount of Each Receipt this Period

**1300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Arif Mannan**

Mailing Address **10384 Kingsbridge Rd**

City **Ellicott City** State **MD** Zip Code **21042-5864**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Youn & Mannan** Occupation **Pediatrician**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KP168**

Date of Receipt

**09 / 19 / 2015**

Amount of Each Receipt this Period

**500.00**

**Subtotal Of Receipts This Page** (optional)..... **3100.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)

**Robert Markel**

Mailing Address **197 Eighth Street  
Ph 23**

City **Charlestown** State **MA** Zip Code **02129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Town Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**150.00**

**Transaction ID : VQCFK9KKRD7**

Date of Receipt

M M / D D / Y Y Y Y  
**07 / 31 / 2015**

Amount of Each Receipt this Period

**50.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address **14 Arrow St  
Ste 11**

City **Cambridge** State **MA** Zip Code **02138-5106**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation **Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**18027.32**

**Transaction ID : VQCFK9KKRD7E**

Date of Receipt

M M / D D / Y Y Y Y  
**08 / 05 / 2015**

Amount of Each Receipt this Period

**50.00**

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)

**Robert Markel**

Mailing Address **197 Eighth Street  
Ph 23**

City **Charlestown** State **MA** Zip Code **02129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Town Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**200.00**

**Transaction ID : VQCFK9KN3E8**

Date of Receipt

M M / D D / Y Y Y Y  
**09 / 02 / 2015**

Amount of Each Receipt this Period

**50.00**

**Subtotal Of Receipts This Page (optional)**.....▶ **100.00**

**Total This Period (last page this line number only)**.....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Markel**

Mailing Address 197 Eighth Street  
Ph 23

City State Zip Code  
Charlestown MA 02129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Town Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNKS7**

Date of Receipt  
M M / D D / Y Y Y Y  
08 31 2015

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KNKS7E**

Date of Receipt  
M M / D D / Y Y Y Y  
09 12 2015

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Catherine C Marks**

Mailing Address 1101 Berrymans Ln

City State Zip Code  
Reisterstown MD 21136-6014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPZE4**

Date of Receipt  
M M / D D / Y Y Y Y  
09 30 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 550.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 248 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Marshall**

Mailing Address 10130 Greensward Link

City Ijamsville State MD Zip Code 21754

FEC ID number of contributing federal political committee. **C**

Name of Employer Earth Networks Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNEA8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Brendan R. Martin**

Mailing Address 120 North Carolina Ave SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Book Hill Partners Occupation Senior VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KJY36**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Brendan R. Martin**

Mailing Address 120 North Carolina Ave SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Book Hill Partners Occupation Senior VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

**Transaction ID : VQCFK9KPSR0**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 3200.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Carol J. Martin**

Mailing Address 4216 Woodberry St

City	State	Zip Code
University Park	MD	20782-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
n/a	Unemployed

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KPGM9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

_____	2700.00
-------	---------

**B.** Full Name (Last, First, Middle Initial)  
**Richard Martin**

Mailing Address 1001 Locust St

City	State	Zip Code
Kansas City	MO	64106-1904

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JE Dunn	Director of Govt Relations

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 450.00

**Transaction ID : VQCFK9KJQS4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

_____	250.00
-------	--------

**C.** Full Name (Last, First, Middle Initial)  
**Colleen A. Martin-Lauer**

Mailing Address 1215 E Fort Ave  
Ste 303

City	State	Zip Code
Baltimore	MD	21230-5281

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Martin-Lauer assoc	Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

**Transaction ID : VQCFK9KPWP1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

_____	500.00
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**Subtotal Of Receipts This Page** (optional).....▶ 

_____	3450.00
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**Total This Period** (last page this line number only).....▶ 

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# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Gary S. Marx**

Mailing Address **2618 Washington Ave.**

City	State	Zip Code
Chevy Chase	MD	20815

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Marx and Lieberman	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KN2X4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			02			2015			

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Bill Mason**

Mailing Address **2367 Lights Chapel Rd**

City	State	Zip Code
Greenbrier	TN	37073-5909

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Mason Professional Services	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KJEZ2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

Amount of Each Receipt this Period

2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Cynthia Ann Mason**

Mailing Address **2367 Lights Chapel Rd**

City	State	Zip Code
Greenbrier	TN	37073

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
YMCA of Middle Tennessee	Instructor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KKGK0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 5900.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Shoaib Mastoor**

Mailing Address 5 Dipping Pond Ct

City	State	Zip Code
Lutherville	MD	21093-3518

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Appmor LLC	Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP0X7**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Robert Mathews**

Mailing Address 3806 Whitland Ave

City	State	Zip Code
Nashville	TN	37205

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
The Mathews Company	Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKFT2**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Walker Mattox**

Mailing Address 638 Bellaire Ave

City	State	Zip Code
Lexington	KY	40508-1304

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Crow Street	Founder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPKA7**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John Mattras**

Mailing Address 250 west 24 st  
1AE

City State Zip Code  
new york NY 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KQ089**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

250.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Steven Maudlin**

Mailing Address 1022 E 52nd St

City State Zip Code  
Indianapolis IN 46205-1205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TCC Software Solutions Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KPWS4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**Helene Maumy Florescu**

Mailing Address 35 Channel Center street  
Unit 406

City State Zip Code  
Boston MA 02210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
freelance Designer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KMQD2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			27			2015			

Amount of Each Receipt this Period

2700.00
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**Subtotal Of Receipts This Page** (optional).....▶ 

3950.00
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**Total This Period** (last page this line number only).....▶ 

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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Mauro**

Mailing Address 17 Kendal Common Road

City State Zip Code  
Weston MA 02493

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Boston College Academic

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

**Transaction ID : VQCFK9KJ5G6**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
07 02 2015

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Mauro**

Mailing Address 17 Kendal Common Road

City State Zip Code  
Weston MA 02493

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Boston College Academic

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KM2W7**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
08 13 2015

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Mauzy**

Mailing Address 2409 N Ballas Rd

City State Zip Code  
Saint Louis MO 63131-3002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KMQJ2**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
08 27 2015

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page** (optional).....  2900.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Ann-Phillips Mayfield**

Mailing Address **633 Bellaire Ave**

City State Zip Code  
**Lexington KY 40508**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Commonwealth Realty Group, Brokerage Real Estate Sales & Property Management**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KNMA1**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 12 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Donna K Maynard**

Mailing Address **604 W Joppa Rd**

City State Zip Code  
**Towson MD 21204-3834**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Retired Retired Teacher**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KJK15**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 10 / 2015**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Mazzola**

Mailing Address **8214 Green Ice Dr**

City State Zip Code  
**Pasadena MD 21122-3868**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Information Requested Information Requested**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KP4N3**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2015**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **3700.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Heather McCabe**

Mailing Address 11417 Ellington St

City	State	Zip Code
Fulton	MD	20759

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
McCabe Russell, PA	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNK43**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Barbara McCall**

Mailing Address 11619 Lakewater lane

City	State	Zip Code
Columbia	MD	21044

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Strategic Leisure Inc.	Administrator, Real Estate Consulting

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPJJ9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Brian McCarthy**

Mailing Address 4450 S Park Ave Apt 1605  
Apt 1605

City	State	Zip Code
Chevy Chase	MD	20815

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GEICO	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJHT9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			09			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Maria McCarthy**

Mailing Address 2 Sedgehill Court

City State Zip Code  
Lutherville MD 21093

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of MD, St Joseph Medical Ce Pharmacist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPTY0**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**John C McClure**

Mailing Address 4505 E 17th Avenue Pkwy

City State Zip Code  
Denver CO 80220-1123

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
McClure & Eggleston, LLC. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKNY04**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Margaret McCormick Barron**

Mailing Address 112 Wynnwood Dr

City State Zip Code  
Pittsburgh PA 15215-1548

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
West Penn Allegheny Health System Executive VP of External Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKTA9**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



### SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Kelly McDivitt-Corridoni</b>		<b>Transaction ID : VQCFK9KNMT7</b>
Mailing Address <b>829 Salt St</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 12 / 2015</b>
City <b>Saltsburg</b>	State <b>PA</b>	Amount of Each Receipt this Period <b>300.00</b>
Zip Code <b>15681-1269</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>600.00</b>
Name of Employer <b>Kelly L. Corridoni Funeral Home LTD.</b>	Occupation <b>Owner</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Johnny McDonald</b>		<b>Transaction ID : VQCFK9KNNW6</b>
Mailing Address <b>145 W Laurel St</b> <b>Unit B</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 12 / 2015</b>
City <b>Philadelphia</b>	State <b>PA</b>	Amount of Each Receipt this Period <b>500.00</b>
Zip Code <b>19123</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Self Employed - Space &amp; Company</b>	Occupation <b>Realtor</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Vilma McEnerney</b>		<b>Transaction ID : VQCFK9KNCB2</b>
Mailing Address <b>3303 Murray Ln</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 08 / 2015</b>
City <b>Flushing</b>	State <b>NY</b>	Amount of Each Receipt this Period <b>200.00</b>
Zip Code <b>11354-3210</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer <b>n/a</b>	Occupation <b>Retired</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

**Subtotal Of Receipts This Page (optional)**.....**1000.00**

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Vilma McEnerney**

Mailing Address 3303 Murray Ln

City State Zip Code  
Flushing NY 11354-3210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
n/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

**Transaction ID : VQCFK9KPBA0**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
09 / 26 / 2015

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
**Kathy McGhee**

Mailing Address 257 Silver Lake Road

City State Zip Code  
Hollis NH 03049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
20.16

**Transaction ID : VQCFK9KKRC9**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
07 / 31 / 2015

Amount of Each Receipt this Period

20.16

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KKRC9E**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
08 / 05 / 2015

Amount of Each Receipt this Period

20.16

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**Subtotal Of Receipts This Page** (optional).....  45.16

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kathy McGhee**

Mailing Address 257 Silver Lake Road

City	State	Zip Code
Hollis	NH	03049

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self Occupation  
Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
70.16

**Transaction ID : VQCFK9KKWB0**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2015

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Kathy McGhee**

Mailing Address 257 Silver Lake Road

City	State	Zip Code
Hollis	NH	03049

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self Occupation  
Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
95.16

**Transaction ID : VQCFK9KMFA2**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2015

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**Kathy McGhee**

Mailing Address 257 Silver Lake Road

City	State	Zip Code
Hollis	NH	03049

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self Occupation  
Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
145.16

**Transaction ID : VQCFK9KN1V5**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2015

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 125.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kathy McGhee**

Mailing Address **257 Silver Lake Road**

City	State	Zip Code
Hollis	NH	03049

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Writer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 **165.32**

**Transaction ID : VQCFK9KNKQ1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	5

Amount of Each Receipt this Period  
 **20.16**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **14 Arrow St  
Ste 11**

City	State	Zip Code
Cambridge	MA	02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 **18027.32**

**Transaction ID : VQCFK9KNKQ1E**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	2	/	2	0	1	5

Amount of Each Receipt this Period  
 **20.16**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Kathy McGhee**

Mailing Address **257 Silver Lake Road**

City	State	Zip Code
Hollis	NH	03049

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Writer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 **215.32**

**Transaction ID : VQCFK9KPGR1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	1	5

Amount of Each Receipt this Period  
 **50.00**

**Subtotal Of Receipts This Page** (optional).....  **70.16**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur E. McGreevy**

Mailing Address 1302 Benjamin St

City	State	Zip Code
Baltimore	MD	21230-5393

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Silverman Thompson Slutkin White	Of Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM7J0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Sean McLoughlin**

Mailing Address PO Box 542

City	State	Zip Code
Marshfield Hills	MA	02051

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Teacher	Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN3P1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Carole McNew**

Mailing Address 28 Wilelinor Dr

City	State	Zip Code
Edgewater	MD	21037-1003

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPKN4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth McQuillan**

Mailing Address 254 Commonwealth Ave

City	State	Zip Code
Boston	MA	02116-2410

FEC ID number of contributing federal political committee.

Name of Employer Information Requested	Occupation Information Requested
--	----------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KRC41**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**John McQuillan Jr.**

Mailing Address 254 Commonwealth Ave

City	State	Zip Code
Boston	MA	02116-2410

FEC ID number of contributing federal political committee.

Name of Employer Information Requested	Occupation Information Requested
Triumvirate Environmental	President and CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNA83**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Mary Ann E Mears**

Mailing Address 903 Poplar Hill Rd

City	State	Zip Code
Baltimore	MD	21210-1221

FEC ID number of contributing federal political committee.

Name of Employer Information Requested	Occupation Information Requested
Self	Artist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPES5**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jess Mejia**

Mailing Address 9121 Autoville Drive

City State Zip Code  
College Park MD 20740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Latin Strategies Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KMR94**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2015

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John G Melrose**

Mailing Address 8898 Occidental Rd

City State Zip Code  
Sebastopol CA 95472-6438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
n/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNT05**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2015

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**John Mendelson**

Mailing Address 909 Hyde St  
Ste 210

City State Zip Code  
San Francisco CA 94109-4847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KK3X1**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 850.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John Mendelson**

Mailing Address 909 Hyde St  
Ste 210

City State Zip Code  
San Francisco CA 94109-4847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : VQCFK9KK3K2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

3	0	0	0	0	0	0	0	0	0
									100.00

**B.** Full Name (Last, First, Middle Initial)  
**John Mendelson**

Mailing Address 909 Hyde St  
Ste 210

City State Zip Code  
San Francisco CA 94109-4847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KMKT8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	5

Amount of Each Receipt this Period

3	0	0	0	0	0	0	0	0	0
									100.00

**C.** Full Name (Last, First, Middle Initial)  
**John Mendelson**

Mailing Address 909 Hyde St  
Ste 210

City State Zip Code  
San Francisco CA 94109-4847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

**Transaction ID : VQCFK9KP6X8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Amount of Each Receipt this Period

3	0	0	0	0	0	0	0	0	0
									100.00

**Subtotal Of Receipts This Page** (optional).....▶ 300.00

**Total This Period** (last page this line number only).....▶



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Mereand**

Mailing Address 26 Psc 303

City	State	Zip Code
Apo	AP	96204-3026

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
Defense Intelligence Agency	Analyst

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KKNS7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Christian C. Mester**

Mailing Address 10 Woodfield Ct

City	State	Zip Code
Reisterstown	MD	21136-4639

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
Goldberg, Finnegan, & Mester	Partner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNND7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2015			

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ellen Metzner**

Mailing Address 120 E 79th St

City	State	Zip Code
New York	NY	10075-0319

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
n/a	Unemployed

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KPYF1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page (optional)**..... 1750.00

**Total This Period (last page this line number only)**..... 1750.00

## SCHEDULE A-P ITEMIZED RECEIPTS

 Use separate schedule(s)  
for each category of the  
Detailed Summary Page

 FOR LINE NUMBER:  
(check only one)

PAGE 266 / 772

<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	17a	<input type="checkbox"/>	17b	<input type="checkbox"/>	17c	<input type="checkbox"/>	17d	<input type="checkbox"/>	18
<input type="checkbox"/>	19a	<input type="checkbox"/>	19b	<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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 NAME OF COMMITTEE (In Full)  
**O'Malley for President**
**A.** Full Name (Last, First, Middle Initial)

**Marc Metzner**

 Mailing Address **2759 Bronson Rd**

City	State	Zip Code
Fairfield	CT	06824-2061

 FEC ID number of contributing  
federal political committee.
**C**
 Name of Employer  
AGI

 Occupation  
Consultant

Receipt For: 2016

 Primary
     
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : VQCFK9KPZM1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

650.00

**B.** Full Name (Last, First, Middle Initial)

**Charles S. Meyer**

 Mailing Address **8730 W. Sunset Blvd.**

City	State	Zip Code
Los Angeles	CA	90069

 FEC ID number of contributing  
federal political committee.
**C**
 Name of Employer  
Los Angeles

 Occupation  
investments

Receipt For: 2016

 Primary
     
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : VQCFK9KPX59**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

2700.00

**C.** Full Name (Last, First, Middle Initial)

**Mary Page Michel**

 Mailing Address **6 Hillside Road**

City	State	Zip Code
Baltimore	MD	21210

 FEC ID number of contributing  
federal political committee.
**C**
 Name of Employer  
Teacher

 Occupation  
NA

Receipt For: 2016

 Primary
     
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : VQCFK9KMP66**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page** (optional).....

3600.00

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 267 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Amy S Miller**

Mailing Address 19201 Sonoma Highway  
#214

City	State	Zip Code
Sonoma	CA	95476

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Transcendence Theatre Company

Occupation  
Founding Artist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPRK0**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**David Miller**

Mailing Address 55 Evelyn Rd

City	State	Zip Code
Waban	MA	02468

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KMZN4**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 01 / 2015**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Erin Miller**

Mailing Address 9 N Port St

City	State	Zip Code
Baltimore	MD	21224-1055

FEC ID number of contributing federal political committee. **C**

Name of Employer  
University of Maryland

Occupation  
Researcher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KP237**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 20 / 2015**

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1250.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John J.B. Miller**

Mailing Address 1300 Barbara Ann St

City State Zip Code  
Kerrville TX 78028-3413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KK820**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	5

Amount of Each Receipt this Period

1	0	0	0	0	0	0	0	0	0
									0

**B.** Full Name (Last, First, Middle Initial)  
**John J.B. Miller**

Mailing Address 1300 Barbara Ann St

City State Zip Code  
Kerrville TX 78028-3413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
275.00

**Transaction ID : VQCFK9KKAZ2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

2	5	0	0	0	0	0	0	0	0
									0

**C.** Full Name (Last, First, Middle Initial)  
**John J.B. Miller**

Mailing Address 1300 Barbara Ann St

City State Zip Code  
Kerrville TX 78028-3413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KKYX6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	5

Amount of Each Receipt this Period

2	5	0	0	0	0	0	0	0	0
									0

**Subtotal Of Receipts This Page** (optional).....▶ 

1	5	0	0	0	0	0	0	0	0
									0

**Total This Period** (last page this line number only).....▶ 

1	5	0	0	0	0	0	0	0	0
									0

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John J.B. Miller**

Mailing Address 1300 Barbara Ann St

City State Zip Code  
Kerrville TX 78028-3413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : VQCFK9KM8A7**

Date of Receipt

/  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**John J.B. Miller**

Mailing Address 1300 Barbara Ann St

City State Zip Code  
Kerrville TX 78028-3413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : VQCFK9KM8D0**

Date of Receipt

/  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**John J.B. Miller**

Mailing Address 1300 Barbara Ann St

City State Zip Code  
Kerrville TX 78028-3413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
405.00

**Transaction ID : VQCFK9KMFP7**

Date of Receipt

/  /

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John J.B. Miller**

Mailing Address 1300 Barbara Ann St

City State Zip Code  
Kerrville TX 78028-3413

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPEP2**

Date of Receipt

/  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Miller**

Mailing Address 1041 Arlington Blvd

City State Zip Code  
Ann Arbor MI 48104-2815

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of Michigan Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM493**

Date of Receipt

/  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Peter L Miller**

Mailing Address PO Box 43486

City State Zip Code  
Somerville MA 02143

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dark Horse Capital Partners Founder and Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNA59**

Date of Receipt

/  /

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page (optional)**.....

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Susan Milligan</b>		<b>Transaction ID : VQCFK9KN7P7</b>																					
Mailing Address <b>6819 Delaware St</b>		Date of Receipt																					
City <b>Chevy Chase</b> State <b>MD</b> Zip Code <b>20815-4165</b>		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>09</td><td></td><td></td><td>05</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	09			05			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
09			05			2015																	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer <b>CFTC</b>	Occupation <b>Attorney</b>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td> </tr> </table>																					500.00
									500.00														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td> </tr> </table>																					500.00
									500.00														

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Martin Mintz</b>		<b>Transaction ID : VQCFK9KNX01</b>																					
Mailing Address <b>5701 Harford</b>		Date of Receipt																					
City <b>Balto</b> State <b>MD</b> Zip Code <b>21234</b>		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>09</td><td></td><td></td><td>17</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	09			17			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
09			17			2015																	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer <b>Nothern Pharmacy</b>	Occupation <b>Owner</b>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td> </tr> </table>																					500.00
									500.00														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td> </tr> </table>																					500.00
									500.00														

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Martin Mintz</b>		<b>Transaction ID : VQCFK9KP3Z9</b>																					
Mailing Address <b>5701 Harford</b>		Date of Receipt																					
City <b>Balto</b> State <b>MD</b> Zip Code <b>21234</b>		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>09</td><td></td><td></td><td>21</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	09			21			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
09			21			2015																	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer <b>Nothern Pharmacy</b>	Occupation <b>Owner</b>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td> </tr> </table>																					500.00
									500.00														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td> </tr> </table>																					1000.00
									1000.00														

**Subtotal Of Receipts This Page** (optional).....▶ 

									1500.00
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**Total This Period** (last page this line number only).....▶ 

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# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Mitchell Mirviss**

Mailing Address 9026 Marseille Drive

City	State	Zip Code
Potomac	MD	20854

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Venable LLP	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

**Transaction ID : VQCFK9KP517**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

Amount of Each Receipt this Period

1000.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**Eliot M Mitchell**

Mailing Address 2823 Tweed Pl

City	State	Zip Code
Thompsons Station	TN	37179-5305

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Opentext, Inc.	Director of Operations

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

**Transaction ID : VQCFK9KMSQ7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			28			2015			

Amount of Each Receipt this Period

250.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**JAMES MITCHELL**

Mailing Address 106 Sewall St

City	State	Zip Code
Augusta	ME	04330-6822

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
self	lobbyist

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

**Transaction ID : VQCFK9KPQP1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

1000.00
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**Subtotal Of Receipts This Page** (optional).....▶ 2250.00

**Total This Period** (last page this line number only).....▶



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Catherine J Moakley**

Mailing Address 5930 Boulder Bridge Ln

City	State	Zip Code
Excelsior	MN	55331-7971

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
n/a	Student

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNBS0**

Date of Receipt  
MM / DD / YYYY  
**09 / 08 / 2015**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**David Moakley**

Mailing Address 1904 naio st

City	State	Zip Code
Honolulu	HI	96817

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Ameresco	project developer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KMT08**

Date of Receipt  
MM / DD / YYYY  
**08 / 28 / 2015**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Marisa T Moakley**

Mailing Address 1904 Naio St

City	State	Zip Code
Honolulu	HI	96817-2047

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Student	Student

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNNY2**

Date of Receipt  
MM / DD / YYYY  
**09 / 12 / 2015**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 8100.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Meaghan C Moakley**

Mailing Address 5930 Boulder Bridge Ln

City State Zip Code  
Excelsior MN 55331-7971

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
n/a Student

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNBT8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Piper Moffatt**

Mailing Address 12705 Watertown Ct  
Apt F

City State Zip Code  
Potomac MD 20854-1098

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

**Transaction ID : VQCFK9KPEZ3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Michele Molden**

Mailing Address 3818 W End Ave  
Apt 103

City State Zip Code  
Nashville TN 37205-2466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Advisory Board Consulting

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KMJ33**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 3300.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Vivikka M. Molldrem**

Mailing Address 4072 Cadle Creek Road

City	State	Zip Code
Edgewater	MD	21037

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
retired	economic consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMBC9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Vivikka M. Molldrem**

Mailing Address 4072 Cadle Creek Road

City	State	Zip Code
Edgewater	MD	21037

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
retired	economic consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNC39**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

<input type="text" value="25.00"/>
------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Myntoleah Corbett Monash**

Mailing Address 4520 River Rd NW

City	State	Zip Code
Washington	DC	20016-4062

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Parsons Corporation	Public Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNVR7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			16			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles O. Monk II**

Mailing Address 4704 Roland Ave

City	State	Zip Code
Baltimore	MD	21210-2320

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Saul Ewing, LLP	Managing Partner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP6C4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	5

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Karen S. Montgomery**

Mailing Address 211 Market Street

City	State	Zip Code
Brookville	MD	20833

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
State of Maryland	State Senator

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJPR3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Karen S. Montgomery**

Mailing Address 211 Market Street

City	State	Zip Code
Brookville	MD	20833

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
State of Maryland	State Senator

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPEH2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Montminy**

Mailing Address 17584 Groveland Pl

City State Zip Code  
Wayzata MN 55391-2876

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PricewaterhouseCoopers CPA

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM3F7**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Daniel Moore**

Mailing Address 893 dana hill rd

City State Zip Code  
new hampton NH 03256

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
retired academic

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKMV2**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Dawn Moore**

Mailing Address 3901 Saint Paul St

City State Zip Code  
Baltimore MD 21218-1830

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Omari Literary

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKWP7**

Date of Receipt  
M M / D D / 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).....

# SCHEDULE A-P ITEMIZED RECEIPTS

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph S. Moore**

Mailing Address 709 Adana Rd

City State Zip Code  
Baltimore MD 21208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KMQ69**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

Amount of Each Receipt this Period

250.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Raoul F Moore**

Mailing Address 696M W Main Rd

City State Zip Code  
Little Compton RI 02837-1125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Enterprise Community Investment INC Real Estate Investment

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KJJF5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			10			2015			

Amount of Each Receipt this Period

250.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Yasel M Morales Garcia**

Mailing Address Calle Antulio G-8 Estancias

City State Zip Code  
Caguas PR 00725

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GSS IT Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KKJD6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

2700.00
---------

**Subtotal Of Receipts This Page (optional)**.....▶ 3200.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Emilio Morales Laboy**

Mailing Address **Condominio Los Pinos Apt. 809, Car**

City **Caguas** State **PR** Zip Code **00725**

FEC ID number of contributing federal political committee. **C**

Name of Employer **President** Occupation **GSS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KKR53**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 31 / 2015**

Amount of Each Receipt this Period  
**2700.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **14 Arrow St  
Ste 11**

City **Cambridge** State **MA** Zip Code **02138-5106**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation **Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**18027.32**

**Transaction ID : VQCFK9KKR53E**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 05 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Jose A Morales Laboy**

Mailing Address **3103 Ave Isla Verde Apartamento 60**

City **Carolina** State **PR** Zip Code **00979**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GSS** Occupation **Consultor**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KKJ53**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 31 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page (optional)**..... **5400.00**

**Total This Period (last page this line number only)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan Moran**

Mailing Address 551 N. Pearl St., 206

City	State	Zip Code
Denver	CO	80203

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Native Campervans, LLC	Co-Founder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNV65**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Bryan Morgan**

Mailing Address 505 Mountain View Rd

City	State	Zip Code
Boulder	CO	80302-5013

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Haddon, Morgan, Foreman P.C.	Founder and Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP7S0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Sharon Morgan**

Mailing Address 5400 Bucksaw Court

City	State	Zip Code
Columbia	MD	21044

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Janet, Jenner & Suggs, LLC	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMXG9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Pat Morosetti**

Mailing Address 183 London Towne

City	State	Zip Code
Pittsburgh	PA	15210

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PJ Morse Inc	Commercial Real Estate Agent

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNEC4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			10			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Susan M Morrice**

Mailing Address 2711 E Willamette Ln

City	State	Zip Code
Greenwood Village	CO	80121-1612

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Belize Natural Energy	Chairperson & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNY20**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**David R Morrow**

Mailing Address 135 Rocky Rd

City	State	Zip Code
Whitinsville	MA	01588-1393

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Callahan, Inc	Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNAA9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles J. Morton Jr.**

Mailing Address 7345 Brightside Rd

City	State	Zip Code
Baltimore	MD	21212-1012

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Venable LLP	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJZN9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Christian Motley**

Mailing Address 3800 Nicholasville Rd  
APT 10506

City	State	Zip Code
Lexington	KY	40503

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Kentucky Education Association	Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPEG4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Cassie Motz**

Mailing Address 1001 Aliceanna Street  
P2-102

City	State	Zip Code
Baltimore	MD	21202

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CollegeBound Foundation	executive director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP5S7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial)  
**Cassie Motz**

Mailing Address 1001 Aliceanna Street  
P2-102

City	State	Zip Code
Baltimore	MD	21202

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CollegeBound Foundation	executive director

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
..... 500.00

Transaction ID : **VQCFK9KP5T5**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 23 / 2015**

Amount of Each Receipt this Period  
..... 250.00

B. Full Name (Last, First, Middle Initial)  
**Charles M. Mountain**

Mailing Address 3700 San Martin Drive

City	State	Zip Code
Baltimore	MD	21218

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Association of Universities for Resear	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
..... 500.00

Transaction ID : **VQCFK9KNQ16**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 14 / 2015**

Amount of Each Receipt this Period  
..... 500.00

C. Full Name (Last, First, Middle Initial)  
**R Charles Moyer**

Mailing Address 2120 Starmont Road

City	State	Zip Code
Louisville	KY	40207

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
University of Louisville	Professor of Finance

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
..... 250.00

Transaction ID : **VQCFK9KP949**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 25 / 2015**

Amount of Each Receipt this Period  
..... 250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael D Moynahan**

Mailing Address 315 Leawood Dr

City	State	Zip Code
Lexington	KY	40502-3218

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Army	Army

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ..... 300.00

**Transaction ID : VQCFK9KPK57**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period  
 ..... 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Rebecca Humbert Mules**

Mailing Address 660 Dover St

City	State	Zip Code
Baltimore	MD	21230-2228

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United Health Group	VP, State Government Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ..... 250.00

**Transaction ID : VQCFK9KPTK3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period  
 ..... 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Erol Munuz**

Mailing Address 52 Raymond Rd

City	State	Zip Code
Sudbury	MA	01776

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Bain & Company	Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ..... 1500.00

**Transaction ID : VQCFK9KPW23**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period  
 ..... 1500.00

**Subtotal Of Receipts This Page** (optional).....▶ ..... 1850.00

**Total This Period** (last page this line number only).....▶ .....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John C. Murphy**

Mailing Address 516 N Charles St  
Ste 206

City Baltimore State MD Zip Code 21201-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Promontory Financial Group Occupation Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify) Election Cycle-to-Date **350.00**

**Transaction ID : VQCFK9KN4Z3**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 03 / 2015**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Peter Murphy**

Mailing Address 8668 Locust Grove Dr

City Port Tobacco State MD Zip Code 20677-2054

FEC ID number of contributing federal political committee. **C**

Name of Employer Charles County Government Occupation Commissioner President

Receipt For: 2016  
 Primary  General  
 Other (specify) Election Cycle-to-Date **300.00**

**Transaction ID : VQCFK9KKVP4**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 10 / 2015**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Peter Murphy**

Mailing Address 8668 Locust Grove Dr

City Port Tobacco State MD Zip Code 20677-2054

FEC ID number of contributing federal political committee. **C**

Name of Employer Charles County Government Occupation Commissioner President

Receipt For: 2016  
 Primary  General  
 Other (specify) Election Cycle-to-Date **350.00**

**Transaction ID : VQCFK9KNF36**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 10 / 2015**

Amount of Each Receipt this Period  
**50.00**

**Subtotal Of Receipts This Page** (optional)..... **400.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**E. Christopher Murray**

Mailing Address 15 Millbrook Dr.

City	State	Zip Code
Stony Brook	NY	11790

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Ruskin Moscou Faltischek	Lawyer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 650.00

**Transaction ID : VQCFK9KPE31**

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2015

Amount of Each Receipt this Period

_____ 500.00
--------------

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Murray**

Mailing Address 108 Wildwood Dr

City	State	Zip Code
Needham	MA	02492-2736

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Tehcnology Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KKNX9**

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period

_____ 1000.00
---------------

**C.** Full Name (Last, First, Middle Initial)  
**Heather Murren**

Mailing Address 9101 W Sahara Ave

City	State	Zip Code
Las Vegas	NV	89117-5772

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Private Investor	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

**Transaction ID : VQCFK9KMT24**

Date of Receipt

M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period

_____ 2500.00
---------------

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 4000.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>James J. Murren</b>		<b>Transaction ID : VQCFK9KP957</b>
Mailing Address 9101 W Sahara Ave 105-h9		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2015
City Las Vegas	State NV	Amount of Each Receipt this Period 2700.00
Zip Code 89117-5799		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2700.00
Name of Employer MGM Resorts International	Occupation Chairman and CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Edward Muskie</b>		<b>Transaction ID : VQCFK9KMEQ2</b>
Mailing Address 5300 Portsmouth Rd. Ste 400		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2015
City Bethesda	State MD	Amount of Each Receipt this Period 500.00
Zip Code 20816		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Convergent Wealth Advisors	Occupation Senior Advisor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Charles J. Nabit</b>		<b>Transaction ID : VQCFK9KP7B9</b>
Mailing Address 20 Commerce St Apt 401		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2015
City Baltimore	State MD	Amount of Each Receipt this Period 2700.00
Zip Code 21202		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2700.00
Name of Employer self	Occupation investor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	

**Subtotal Of Receipts This Page (optional)**.....▶ 5900.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Joan Nackerud**

Mailing Address 2212 Eunice St

City	State	Zip Code
Berkeley	CA	94709-1419

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
n/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

**Transaction ID : VQCFK9KKSF5**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2015

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Nilofar Naeem**

Mailing Address 2271 Sable Oaks Dr

City	State	Zip Code
Naperville	IL	60564-5665

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1500.00

**Transaction ID : VQCFK9KPGF0**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Rabih Najib**

Mailing Address 3511 Lame Beaver Ct

City	State	Zip Code
Ellicott City	MD	21042-2187

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Alpha Corporation Senior Project Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 300.00

**Transaction ID : VQCFK9KP0D0**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period  
 300.00

Subtotal Of Receipts This Page (optional).....  2800.00

Total This Period (last page this line number only).....



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jeanette T.M. Nazarian**

Mailing Address 205 Huron Rd

City	State	Zip Code
Catonsville	MD	21228-5731

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VQCFK9KPZ79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**David G. Neeleman**

Mailing Address 57 Rosebrook Rd

City	State	Zip Code
New Canaan	CT	06840-3722

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CEO	JetBlue Airways

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VQCFK9KJCV5

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			06			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**George Johnathan Nemphos**

Mailing Address 107 Ridgewood Road

City	State	Zip Code
Baltimore	MD	21210

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
self	attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VQCFK9KM9D3

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			18			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Richard P. Neuworth**

Mailing Address 7319 Knollwood Rd

City Towson	State MD	Zip Code 21286-7907
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer n/a	Occupation Attorney
-------------------------	------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNER9**

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**David Nevins**

Mailing Address 100 S Windsor Blvd

City Los Angeles	State CA	Zip Code 90004-3818
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer Showtime	Occupation President
------------------------------	-------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP430**

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth Newell**

Mailing Address 21 East 22nd St  
Apt 11K

City New York	State NY	Zip Code 10010
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Discovery Communications	Occupation Attorney
--	------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPQE8**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**James D Newell**

Mailing Address 706 Trillium Ct

City	State	Zip Code
Wexford	PA	15090-8685

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Buchanan, Ingersol, & Rooney PC	Shareholder, Chair Bankruptcy & Insolv

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="250.00"/>
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**Transaction ID : VQCFK9KNMS9**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Arthur Nicholson**

Mailing Address 202 Hillview Dr.

City	State	Zip Code
San Antonio	TX	78209

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self - Law Office Owner	Attorney

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="600.00"/>
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**Transaction ID : VQCFK9KKSS4**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Arthur Nicholson**

Mailing Address 202 Hillview Dr.

City	State	Zip Code
San Antonio	TX	78209

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self - Law Office Owner	Attorney

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="700.00"/>
---	---

**Transaction ID : VQCFK9KME92**

Date of Receipt  
M M / D D / 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).....

## SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 292 / 772

16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Arthur Nicholson</b>		<b>Transaction ID : VQCFK9KPCC7</b>	
Mailing Address 202 Hillview Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2015	
City San Antonio	State TX	Zip Code 78209	
FEC ID number of contributing federal political committee.	C		
Name of Employer Self - Law Office Owner	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1450.00		
		Amount of Each Receipt this Period 750.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Margaret Norfleet-Neff</b>		<b>Transaction ID : VQCFK9KPV64</b>	
Mailing Address 3733 Milhaven Rd		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015	
City Winston Salem	State NC	Zip Code 27106-4227	
FEC ID number of contributing federal political committee.	C		
Name of Employer Beta Verde	Occupation Founder		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		
		Amount of Each Receipt this Period 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ruth Ann Norton</b>		<b>Transaction ID : VQCFK9KJ3R3</b>	
Mailing Address 125 W Lee St		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2015	
City Baltimore	State MD	Zip Code 21201-2420	
FEC ID number of contributing federal political committee.	C		
Name of Employer Green & Healthy Homes	Occupation President & CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		
		Amount of Each Receipt this Period 500.00	

**Subtotal Of Receipts This Page** (optional).....▶ 2250.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**David S. Novotny**

Mailing Address 7320 Cotesworth Dr.

City State Zip Code  
Wilmington NC 28405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LPMG VP Construction

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KNHP9**

Date of Receipt

/  /

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Shad Nygren**

Mailing Address 1221 Lovelock Hwy

City State Zip Code  
Fallon NV 89406-9413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MelRok Software Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KM1Y0**

Date of Receipt

/  /

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
**Sheila O'Brien**

Mailing Address 1650 Fillmore St  
Suite 1307

City State Zip Code  
Denver CO 80206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SKO Services Self-Employed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KNWK0**

Date of Receipt

/  /

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page** (optional).....▶

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Brett O'Connor**

Mailing Address 830 Monroe Street  
Apt 202

City State Zip Code  
Annapolis MD 21403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baltimore City Police officer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
545.00

**Transaction ID : VQCFK9KMZW9**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 01 / 2015

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Brett O'Connor**

Mailing Address 830 Monroe Street  
Apt 202

City State Zip Code  
Annapolis MD 21403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baltimore City Police officer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
545.00

**Transaction ID : VQCFK9KN1E2**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 01 / 2015

Amount of Each Receipt this Period

45.00

**C.** Full Name (Last, First, Middle Initial)  
**Sean P. O'Connor**

Mailing Address 12850 Stone Eagle Rd

City State Zip Code  
Phoenix MD 21131-2317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
O'Connor & Mooney, LLC Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KMR44**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 27 / 2015

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1545.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> O'Donnell Associates		<b>Transaction ID : VQCFK9KNJ40</b>	
Mailing Address 1515 Market St		Date of Receipt MM / DD / YYYY 09 / 11 / 2015	
City Philadelphia	State PA	Zip Code 19102-1921	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		PARTNERSHIP--partners below if itemized	
Name of Employer	Occupation	Election Cycle-to-Date 2700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B. Full Name (Last, First, Middle Initial)</b> Robert W. O'Donnell		<b>Transaction ID : VQCFK9KRCJ2</b>	
Mailing Address 1601 Market St Ste 2310		Date of Receipt MM / DD / YYYY 09 / 11 / 2015	
City Philadelphia	State PA	Zip Code 19103-2306	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<b>[MEMO ITEM]</b>	
Name of Employer Information Requested	Occupation Attorney at Law	Election Cycle-to-Date 2700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C. Full Name (Last, First, Middle Initial)</b> O'Donovan Law Office		<b>Transaction ID : VQCFK9KNJ24</b>	
Mailing Address 741 Broadway		Date of Receipt MM / DD / YYYY 09 / 11 / 2015	
City Somerville	State MA	Zip Code 02144-2103	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		PARTNERSHIP--partners below if itemized	
Name of Employer	Occupation	Election Cycle-to-Date 2000.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>Subtotal Of Receipts This Page</b> (optional).....	4700.00
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sean O'Donovan**

Mailing Address 741 Broadway

City State Zip Code  
Somerville MA 02144-2103

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
O'Donovan Law Offices Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KRCP3**

Date of Receipt

/  /

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Michael J O'Hara**

Mailing Address 2212 S 64th Plz  
Apt 340

City State Zip Code  
Omaha NE 68106-2838

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Univ. of Neb. at Omaha Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJHC9**

Date of Receipt

/  /

Amount of Each Receipt this Period

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJHC9E**

Date of Receipt

/  /

Amount of Each Receipt this Period

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael J O'Hara**

Mailing Address **2212 S 64th Plz  
Apt 340**

City **Omaha** State **NE** Zip Code **68106-2838**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Univ. of Neb. at Omaha** Occupation **Professor**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**200.00**

**Transaction ID : VQCFK9KKQ21**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 01 / 2015**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **14 Arrow St  
Ste 11**

City **Cambridge** State **MA** Zip Code **02138-5106**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**18027.32**

**Transaction ID : VQCFK9KKQ21E**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 05 / 2015**

Amount of Each Receipt this Period  
**100.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Michael J O'Hara**

Mailing Address **2212 S 64th Plz  
Apt 340**

City **Omaha** State **NE** Zip Code **68106-2838**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Univ. of Neb. at Omaha** Occupation **Professor**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**300.00**

**Transaction ID : VQCFK9KMA61**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 01 / 2015**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page** (optional)..... **200.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMA61E**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
	08			18			20	15	

Amount of Each Receipt this Period

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Michael J O'Hara**

Mailing Address 2212 S 64th Plz  
Apt 340

City Omaha State NE Zip Code 68106-2838

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Univ. of Neb. at Omaha Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNKV2**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
	09			01			20	15	

Amount of Each Receipt this Period

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNKV2E**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
	09			12			20	15	

Amount of Each Receipt this Period

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Cheryl O'Malley**

Mailing Address 236 Cypress Knoll Dr

City	State	Zip Code
Sewickley	PA	15143-9377

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Star Styled Dance Center	Owner/Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNX43**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Dan O'Malley**

Mailing Address 1618 Ashwood Ct

City	State	Zip Code
Pittsburgh	PA	15237

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMPP3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	5

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Kathleen M. O'Malley**

Mailing Address 100 Richard Dr

City	State	Zip Code
Pittsburgh	PA	15237-1833

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Unemployed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNMN8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Nicholle O'Malley**

Mailing Address 35 Ferns Ct

City	State	Zip Code
Lutherville	MD	21093-7721

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Regent Development Consulting, Inc	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN5C6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Nicholle O'Malley**

Mailing Address 35 Ferns Ct

City	State	Zip Code
Lutherville	MD	21093-7721

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Regent Development Consulting, Inc	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP1G7**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			19			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Peter C. O'Malley**

Mailing Address 5411 Greenspring Ave

City	State	Zip Code
Baltimore	MD	21209-4327

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ASR Group	VP, Corporate Relations

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNHZ0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Ryan O'Malley**

Mailing Address 107 Woodcrest Dr

City	State	Zip Code
Sewickley	PA	15143-8966

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Riverview School District	Teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 520.16

**Transaction ID : VQCFK9KNMM0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	2	/	2	0	1	5

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Samantha O'Neil**

Mailing Address 23 Six Notches Ct

City	State	Zip Code
Catonsville	MD	21228

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Margrave Strategies	Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 275.00

**Transaction ID : VQCFK9KMN97**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	1	5

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Juan Manuel Ocasio Colon**

Mailing Address 1624 Oaklawn Ct

City	State	Zip Code
Silver Spring	MD	20903-1415

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Trinity Health	Chief Human Resources Officer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KJ3A3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	1	5

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1750.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew S. Offit**

Mailing Address 1429 Commonwealth Ave

City State Zip Code  
West Newton MA 02465

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
City of Somerville Special Advisor to the Mayor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KPWA6**

Date of Receipt

/  /

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**John M. Ogle**

Mailing Address 57 Greenwich Dr

City State Zip Code  
Bergenfield NJ 07621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mogul Capital Investment Fund

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KKC18**

Date of Receipt

/  /

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Griffin Okie**

Mailing Address 5515 St Helena Rd

City State Zip Code  
Santa Rosa CA 95404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Furniture Maker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
150.00

**Transaction ID : VQCFK9KK022**

Date of Receipt

/  /

Amount of Each Receipt this Period

50.00

**Subtotal Of Receipts This Page** (optional).....▶

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Griffin Okie**

Mailing Address 5515 St Helena Rd

City	State	Zip Code
Santa Rosa	CA	95404

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Furniture Maker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM2Z1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="25.00"/>
------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Griffin Okie**

Mailing Address 5515 St Helena Rd

City	State	Zip Code
Santa Rosa	CA	95404

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Furniture Maker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMF79**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="25.00"/>
------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Griffin Okie**

Mailing Address 5515 St Helena Rd

City	State	Zip Code
Santa Rosa	CA	95404

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Furniture Maker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP702**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="25.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Carol Olwell**

Mailing Address **2222 NW Hoyt St**  
**Apt 302**

City **Portland** State **OR** Zip Code **97210-3293**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KM9Z5**

Date of Receipt

**08** / **18** / **2015**

Amount of Each Receipt this Period

**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Shelly M O'Neill**

Mailing Address **31 New Chardon St**

City **Boston** State **MA** Zip Code **02114-4701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **O'Neill & Associates** Occupation **COO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KN9V2**

Date of Receipt

**09** / **05** / **2015**

Amount of Each Receipt this Period

**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**David S. Oros**

Mailing Address **702 W Lake Ave**

City **Baltimore** State **MD** Zip Code **21210-1308**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Gamma 3** Occupation **Managing Partner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KMEM9**

Date of Receipt

**08** / **21** / **2015**

Amount of Each Receipt this Period

**2700.00**

**Subtotal Of Receipts This Page** (optional).....▶ **8100.00**

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Marla T. Oros**

Mailing Address 702 W Lake Ave

City	State	Zip Code
Baltimore	MD	21210-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Managing Partner	Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2300.00

**Transaction ID : VQCFK9KMEN6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			21			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2300.00

**B.** Full Name (Last, First, Middle Initial)  
**Mufutau Osoba**

Mailing Address 6212 Lilac Bush Ln

City	State	Zip Code
Clarksville	MD	21029-2100

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3000.00

**Transaction ID : VQCFK9KP118**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			19			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Excessive funds to be re-attributed to spouse

**C.** Full Name (Last, First, Middle Initial)  
**Alicia Padilla**

Mailing Address G5 Via San Paolo  
Via San Paolo G-5

City	State	Zip Code
Guaynabo	PR	00969-6806

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Advance Claim	Medical Billing

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KKMF7**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			01			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 6000.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Marly Pagan**

Mailing Address 35 Jc de Borbon  
Ste 67

City Guaynabo State PR Zip Code 00969

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Beacon Hill Consulting Consulting

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMC98**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Zoe Pagonis**

Mailing Address 800 6th  
Apt 5C

City New York State NY Zip Code 10001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self sel

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPAN4**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Nick S. Palazzetti**

Mailing Address 309 Cherokee Dr.

City Butler State PA Zip Code 16001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Three Rivers Community Fdn Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNMG8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Luke Pang**

Mailing Address 17 Brookridge Dr

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KP5D2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Sheldon Pang**

Mailing Address 18 Stanwich Rd

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Freepoint Commodities Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : VQCFK9KNAM8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

Amount of Each Receipt this Period  
5400.00

Excessive funds to be re-attributed to spouse

**C.** Full Name (Last, First, Middle Initial)  
**George T Panichas Jr**

Mailing Address 18 Stony Ln

City State Zip Code  
Smithfield RI 02917-2422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lincoln Appraisal & Settlement Service Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KJJG1**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 8600.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Carol Pare**

Mailing Address 23033 Westchester Blvd

City State Zip Code  
Port Charlotte FL 33980

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
n/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KKKF4**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2015

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)

**Park Lane Associates Ltd Partnership**

Mailing Address 10194 Baltimore National Pike  
Ste C

City State Zip Code  
Ellicott City MD 21042-3654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KN779**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2015

Amount of Each Receipt this Period  
2700.00

Partnership contribution. Partners below if itemized

**C.** Full Name (Last, First, Middle Initial)

**Lawrence H. Parks II**

Mailing Address 2440 16th St NW  
Apt 207

City State Zip Code  
Washington DC 20009-3559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Federal Home Loan Bank of San Francisc SVP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1700.00

**Transaction ID : VQCFK9KK5C1**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2015

Amount of Each Receipt this Period  
1700.00

**Subtotal Of Receipts This Page** (optional).....▶ 5400.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Shanetta Paskel**

Mailing Address 1323 K Street SE  
#303

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer  
American Association for Justice

Occupation  
Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10.00

**Transaction ID : VQCFK9KKZQ1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			12			2015			

Amount of Each Receipt this Period

10.00
-------

**B.** Full Name (Last, First, Middle Initial)  
**Shanetta Paskel**

Mailing Address 1323 K Street SE  
#303

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer  
American Association for Justice

Occupation  
Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.00

**Transaction ID : VQCFK9KPE16**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

250.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Israel Patoka**

Mailing Address 709 Cliveden Road

City Pikesville State MD Zip Code 21208

FEC ID number of contributing federal political committee. **C**

Name of Employer  
LifeBridge

Occupation  
Community Development Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KMPX8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

Amount of Each Receipt this Period

500.00
--------

**Subtotal Of Receipts This Page** (optional).....▶ 760.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Deval Patrick**

Mailing Address 75 Hinckley Rd

City	State	Zip Code
Milton	MA	02186-2111

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Bain Capital LLC	Managing Director

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKHA1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Charles Patterson**

Mailing Address 5710 Kenmore Rd

City	State	Zip Code
Baltimore	MD	21210

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Schamu Machowski + Patterson Architect	Architect

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP7M0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Scott Payette**

Mailing Address 7 Hubbard St.

City	State	Zip Code
Jamaica Plain	MA	02130

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Scott Payette Architects	Architect

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN8K6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Pazulski**

Mailing Address 8124 Windmill Ct

City State Zip Code  
Severn MD 21144

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
clwc adminstator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP407**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Jason Penn**

Mailing Address 9011 Purdy Lane

City State Zip Code  
Pikesville MD 21208

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Janet, Jenner, & Suggs Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNKZ4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Robert Pennoyer**

Mailing Address 33 E 70th St

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Patterson Belknap Webb and Tyler Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNQ08**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Pennoyer**

Mailing Address **33 E 70th St**

City State Zip Code  
**New York NY 10021**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Patterson Belknap Webb and Tyler Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KPTP7**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 30 2015**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ferdinand Perez Roman**

Mailing Address **B53 Calle 1  
53-B Calle 1**

City State Zip Code  
**San Juan PR 00926-7524**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Puerto Rico House of Representatives Vice Speaker**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KM028**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 12 2015**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Peter E. Perini**

Mailing Address **PO Box 2947**

City State Zip Code  
**Hagerstown MD 21741-2947**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Perini Health Care Group President**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KMXV6**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 31 2015**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **3400.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Howard Perlow**

Mailing Address 3512 Old Court Rd

City	State	Zip Code
Baltimore	MD	21208-3123

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Residential Title & Escrow	Real Estate

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KPW98**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

_____ 2700.00
---------------

**B.** Full Name (Last, First, Middle Initial)  
**Timothy A. Perry**

Mailing Address 5612 Enderly Rd

City	State	Zip Code
Baltimore	MD	21212-2939

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PWRJ	Lobbyist

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KPR7**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

_____ 1700.00
---------------

**C.** Full Name (Last, First, Middle Initial)  
**Gary M. Persinger**

Mailing Address 2216 Midridge Rd

City	State	Zip Code
Timonium	MD	21093-3229

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Signature Building Company	Agent

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KPRC5**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

_____ 2700.00
---------------

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 7100.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 314 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial)  
**Francis Perullo**

Mailing Address **137 Lewis Wharf**

City	State	Zip Code
Boston	MA	02110

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
The Beacon Group	President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN4Y5**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
**Jon M. Peterson**

Mailing Address **12500 Fair Lakes Cir  
Ste 400**

City	State	Zip Code
Fairfax	VA	22033-3804

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Peterson Companies	Principal

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPTZ8**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
**Milton Peterson**

Mailing Address **12500 Fair Lakes Cir  
Ste 400**

City	State	Zip Code
Fairfax	VA	22033-3804

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
The Peterson Companies	Founder & Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPV06**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Pflaum**

Mailing Address 163 Linden Lane

City	State	Zip Code
Mill Valley	CA	94941

FEC ID number of contributing federal political committee.

Name of Employer everstream	Occupation solar finance
--------------------------------	-----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5400.00

**Transaction ID : VQCFK9KN5F9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

Amount of Each Receipt this Period

5400.00

Excessive portion of this donation to be re-attributed to spouse

**B.** Full Name (Last, First, Middle Initial)  
**Colette Phillips**

Mailing Address 177 State St  
Ste 6

City	State	Zip Code
Boston	MA	02109-2724

FEC ID number of contributing federal political committee.

Name of Employer Colette Phillips Communications	Occupation CEO
---	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1500.00

**Transaction ID : VQCFK9KPTC8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Lisa S Piastrelli**

Mailing Address 2216 Midridge Rd

City	State	Zip Code
Timonium	MD	21093-3229

FEC ID number of contributing federal political committee.

Name of Employer Clinical Associates at Woodholme	Occupation Physicians Assistant
--	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : VQCFK9KPRB7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page** (optional).....  8600.00

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES POLLIN**

Mailing Address **4701 WILLARD AVE  
APT 536**

City **CHEVY CHASE** State **MD** Zip Code **20815**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SMITHPOLLIN GROUP** Occupation **INCENTIVE SALES**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KNDJ9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 09 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joan Pollitt**

Mailing Address **7313 MAPLE AVE**

City **CHEVY CHASE** State **MD** Zip Code **20815**

FEC ID number of contributing federal political committee. **C**

Name of Employer **retired** Occupation **retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KKPA1**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 04 / 2015**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Marlene Povich**

Mailing Address **5905 Barbados Pl  
Apt 101**

City **Rockville** State **MD** Zip Code **20852-5439**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Povich Design** Occupation **Graphic Designer, Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KKHK2**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 30 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **4200.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Stacy Pratt**

Mailing Address 4662 N Winthrop Ave  
Apt 3N

City Chicago State IL Zip Code 60640-6981

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Fundraising Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

**Transaction ID : VQCFK9KQ6B5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

500.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Brian Prenda**

Mailing Address 4720 Rigging Dr

City Fernandina Beach State FL Zip Code 32034-5537

FEC ID number of contributing federal political committee. **C**

Name of Employer Van Scoyoc Associates Occupation Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPQT2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

500.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Frank J. Principe Jr.**

Mailing Address 301 Murdock Rd

City Baltimore State MD Zip Code 21212-1826

FEC ID number of contributing federal political committee. **C**

Name of Employer UMUC Occupation Govt

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.00

**Transaction ID : VQCFK9KPPR4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

250.00
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**Subtotal Of Receipts This Page** (optional).....▶ **1250.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Gregory Proctor**

Mailing Address 11402 Rhodenda Ave

City State Zip Code  
Upper Marlboro MD 20772-4738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
G S Proctor and Associates Self Employed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1700.00

**Transaction ID : VQCFK9KPJB4**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period  
1700.00

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Scott Prosser**

Mailing Address 312 Dutchmans Ln

City State Zip Code  
Easton MD 21601-3302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Queen Anne's County Public Schools Instructor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

**Transaction ID : VQCFK9KP4G3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kevin Scott Prosser**

Mailing Address 312 Dutchmans Ln

City State Zip Code  
Easton MD 21601-3302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Queen Anne's County Public Schools Instructor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : VQCFK9KRGH3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

Amount of Each Receipt this Period  
-2500.00

Bounced Check

**Subtotal Of Receipts This Page** (optional).....▶ 1700.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin Scott Prosser**

Mailing Address 312 Dutchmans Ln

City	State	Zip Code
Easton	MD	21601-3302

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Queen Anne's County Public Schools	Instructor

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQDZ8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Coale Prosser**

Mailing Address 312 Dutchmans Ln

City	State	Zip Code
Easton	MD	21601-3302

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Unemployed

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPR91**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Stanley Pruss**

Mailing Address 12445 N Island View Dr

City	State	Zip Code
Northport	MI	49670

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
5 Lakes Energy LLC	Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKK63**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Wazir H Qadri**

Mailing Address **8709 Melissa Lilian Ct**

City **Nottingham** State **MD** Zip Code **21236-2443**

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP1B7**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 19 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Brad Queisser**

Mailing Address **300 East Forest Trail**

City **Crownsville** State **MD** Zip Code **21032**

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJY85**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 20 / 2015**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Brad Queisser**

Mailing Address **300 East Forest Trail**

City **Crownsville** State **MD** Zip Code **21032**

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP4P1**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2015**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **2000.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas H. Quinn**

Mailing Address 575 7th St NW

City	State	Zip Code
Washington	DC	20004-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Venable, LLP	Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KP7Y9**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Eddie Quintana**

Mailing Address 347 1/2 N. Spaulding Ave.

City	State	Zip Code
Los Angeles	CA	90036

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
The Disney Channel	Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 510.00

**Transaction ID : VQCFK9KNRW2**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			15			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eddie Quintana**

Mailing Address 347 1/2 N. Spaulding Ave.

City	State	Zip Code
Los Angeles	CA	90036

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
The Disney Channel	Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1135.00

**Transaction ID : VQCFK9KPEC3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 625.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 2125.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Donna Quirk**

Mailing Address **25 Channel Center Street**  
**208**

City **Boston** State **MA** Zip Code **02210**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Big Brothers Big Sisters Mass Bay** Occupation **Development Officer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KMEA0**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 20 / 2015**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Shahid Rafiq**

Mailing Address **3826 Braveheart Ln**

City **Frederick** State **MD** Zip Code **21704-7717**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Physician** Occupation **Self**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1300.00**

**Transaction ID : VQCFK9KP3F2**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 21 / 2015**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Oscar T. Ramirez**

Mailing Address **306 3rd Street SE**  
**Apt 2413**

City **Washington** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Podesta Group** Occupation **Government Relations**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : VQCFK9KK8X0**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 27 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page (optional)**.....▶ **1800.00**

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Agustin Ramos**

Mailing Address 3100 Newcastle Ln

City	State	Zip Code
Riva	MD	21140

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NMS Healthcare	COO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

**Transaction ID : VQCFK9KNN70**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 1000.00
---------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Sarah Rasich**

Mailing Address 3812 Houndstooth Ct

City	State	Zip Code
Richmond	VA	23233-7678

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
saint gertrude high school	High School EdTech

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

**Transaction ID : VQCFK9KPRY5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 250.00
--------------------------------------

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City	State	Zip Code
Cambridge	MA	02138-5106

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 18027.32

**Transaction ID : VQCFK9KPRY5E**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 250.00
--------------------------------------

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**Subtotal Of Receipts This Page** (optional).....  1250.00

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Ellen Ratner**

Mailing Address **25 Central Park West**  
**10V**

City	State	Zip Code
<b>New York City</b>	<b>NY</b>	<b>10023</b>

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
<b>New York City</b>	<b>manager</b>

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1200.00**

**Transaction ID : VQCFK9KMCQ9**

Date of Receipt

M M / D D / Y Y Y Y
<b>08 / 19 / 2015</b>

Amount of Each Receipt this Period

**1200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ellen Ratner**

Mailing Address **25 Central Park West**  
**10V**

City	State	Zip Code
<b>New York City</b>	<b>NY</b>	<b>10023</b>

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
<b>New York City</b>	<b>manager</b>

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KPXW1**

Date of Receipt

M M / D D / Y Y Y Y
<b>09 / 30 / 2015</b>

Amount of Each Receipt this Period

**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ellen Ratner**

Mailing Address **25 Central Park West**  
**10V**

City	State	Zip Code
<b>New York City</b>	<b>NY</b>	<b>10023</b>

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
<b>New York City</b>	<b>manager</b>

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KQ0G3**

Date of Receipt

M M / D D / Y Y Y Y
<b>09 / 30 / 2015</b>

Amount of Each Receipt this Period

**1400.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2700.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles B. Reasor III**

Mailing Address **822 Forest Acres Dr**

City	State	Zip Code
Nashville	TN	37220-1805

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
White & Reasor LLC	Lawyer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KMEX0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Reckley**

Mailing Address **809 N Racine  
#200**

City	State	Zip Code
Chicago	IL	60642

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Conlon & Co	Finance

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KP736**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Beth Regan**

Mailing Address **721 Chapel Ridge Road**

City	State	Zip Code
Timonium	MD	21093

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Johns Hopkins University	Editor

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : VQCFK9KN2J7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 250.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1750.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy Regan**

Mailing Address 10 Twinleaf Ct

City State Zip Code  
Hunt Valley MD 21030-5405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Whiting-Turner Construction CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KMWX1**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Reger Rizzo Darnall LLP**

Mailing Address 2929 Arch Street

City State Zip Code  
Philadelphia PA 19104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KNNQ6**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period  
1000.00

Partnership Contribution. Partners below if itemized

**C.** Full Name (Last, First, Middle Initial)  
**Jackie Reinauer**

Mailing Address 1920 Cherry Road

City State Zip Code  
Annapolis MD 21409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Long and Foster Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
150.00

**Transaction ID : VQCFK9KKGZ4**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

Amount of Each Receipt this Period  
150.00

**Subtotal Of Receipts This Page** (optional).....▶ 3850.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Jackie Reinauer</b>		<b>Transaction ID : VQCFK9KP2V6</b>
Mailing Address 1920 Cherry Road		Date of Receipt MM / DD / YYYY 09 / 21 / 2015
City Annapolis	State MD	Zip Code 21409
FEC ID number of contributing federal political committee.	C	
Name of Employer Long and Foster	Occupation Realtor	Amount of Each Receipt this Period 1250.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>RALPH J. REINOLDI</b>		<b>Transaction ID : VQCFK9KPQB4</b>
Mailing Address 1005 W. SEMINARY AVE.		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
City LUTHERVILLE	State MD	Zip Code 21093
FEC ID number of contributing federal political committee.	C	
Name of Employer STATE OF MARYLAND	Occupation COMPUTER PROGRAMMER	Amount of Each Receipt this Period 500.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Carol Reskovic</b>		<b>Transaction ID : VQCFK9KNPH0</b>
Mailing Address 9403 Crosspointe Drive		Date of Receipt MM / DD / YYYY 09 / 13 / 2015
City Fairfax Station	State VA	Zip Code 22039
FEC ID number of contributing federal political committee.	C	
Name of Employer Fairfax County Public Schools	Occupation office administrator	Amount of Each Receipt this Period 500.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**Subtotal Of Receipts This Page (optional).....** 1250.00

**Total This Period (last page this line number only).....**



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Martin R. Resnick**

Mailing Address **6821 Dogwood Road**

City **Baltimore** State **MD** Zip Code **21244**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Martins's Caterers** Occupation **Chairman/Founder**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KPSF9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Eric Reyes**

Mailing Address **Garden Hills Norte  
C1 Green Valley**

City **Guaynabo** State **PR** Zip Code **00966**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Integrated** Occupation **Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KKMG5**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 01 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Alison Reynolds**

Mailing Address **6300 Blenheim Road**

City **Baltimore** State **MD** Zip Code **21212**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Baltimore City** Occupation **Assistant States Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KPNB0**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 29 / 2015**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **4200.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Alison Reynolds**

Mailing Address 6300 Blenheim Road

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Baltimore City	Assistant States Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQ5N1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Calvin Rhodes**

Mailing Address 8775 Centre Park Dr  
# 357

City	State	Zip Code
Columbia	MD	21045-2177

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
iP Plus Inc.	IT Services

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKVZ5**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Scott Rhodes**

Mailing Address PO Box 341  
PO Box 341

City	State	Zip Code
Clearlake	WA	98235-0341

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Sakata Seed America, Inc.	Computer Programmer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKTm8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			07			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Rhodes**

Mailing Address **PO Box 341**  
**PO Box 341**

City **Clearlake** State **WA** Zip Code **98235-0341**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Sakata Seed America, Inc.** Occupation **Computer Programmer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**400.00**

**Transaction ID : VQCFK9KN8G3**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 06 / 2015**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Scott Rhodes**

Mailing Address **PO Box 341**  
**PO Box 341**

City **Clearlake** State **WA** Zip Code **98235-0341**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Sakata Seed America, Inc.** Occupation **Computer Programmer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**600.00**

**Transaction ID : VQCFK9KQP15**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 29 / 2015**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Amjad Riar**

Mailing Address **20303 Kiawah Island Dr.**

City **Ashburn** State **VA** Zip Code **20147**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Doctor**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1250.00**

**Transaction ID : VQCFK9KN1B9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 01 / 2015**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **650.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Janet Ricci**

Mailing Address 13361 Marsh Lndg

City State Zip Code  
West Palm Beach FL 33418-7539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KJJ56**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Nelson C. Rising**

Mailing Address 435 Georgian Rd

City State Zip Code  
La Canada Flintridge CA 91011-3545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rising Realty Partners Chairman & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KKPE3**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Syed Risvi**

Mailing Address 860 Colt Ln

City State Zip Code  
Walnut CA 91789-4902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-employed Nephrologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KMM94**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 1250.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Ritchey**

Mailing Address **2704 Farm View Dr**

City	State	Zip Code
Fallston	MD	21047-1302

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Baltimore Home Rentals LLC	Self employed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KP2X2**

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period

**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**CARLOS RIVERO**

Mailing Address **SAGRADO CORAZON  
357 SAN GENARO**

City	State	Zip Code
SAN JUAN	PR	00926

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CARLOS RIVERO	ADMINISTRATOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KK9E5**

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Sonia Rivero**

Mailing Address **357 Calle San Genaro**

City	State	Zip Code
San Juan	PR	00926-4141

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KMC80**

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Receipt this Period

**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **5900.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 334 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial)  
**Kevin Robinson**

Mailing Address **940 N East Ave**

City	State	Zip Code
Oak Park	IL	60302

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Guggenheim Partners, LLC	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KP8T0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	5

Amount of Each Receipt this Period

**1000.00**

B. Full Name (Last, First, Middle Initial)  
**Ria Rochvarg**

Mailing Address **PO Box 305**

City	State	Zip Code
West Friendship	MD	21794-0305

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-employed	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KNMH6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	5

Amount of Each Receipt this Period

**250.00**

C. Full Name (Last, First, Middle Initial)  
**Mike Rodill**

Mailing Address **de ruwiellaan 8**

City	State	Zip Code
amstelveen	no	1181ps

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
retired	accountant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KNKF8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	5

Amount of Each Receipt this Period

**500.00**

\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page** (optional)..... **1750.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KNKF8E**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Felipe Crespo Rodriguez**

Mailing Address Urb. Altos de la Fuente  
Calle 6 C-2

City Caguas State PR Zip Code 00625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KKN00**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2015

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Israel Roizman**

Mailing Address 832 Germantown Pike

City Plymouth Meeting State PA Zip Code 19426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Roizman Development President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNDC1**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 09 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 5400.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Ropes & Gray LLP**

Mailing Address 800 Boylston St  
800 Boylston Street

City Boston State MA Zip Code 02199-1900

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJQR6**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2015

Amount of Each Receipt this Period

Partnership Contribution. Partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
**Deborah Rose**

Mailing Address 4414 Harbour Town Drive

City Beltsville State MD Zip Code 20705

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
n/a Health Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPE08**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Diana Calthorpe Rose**

Mailing Address 33 Katonah Ave

City Katonah State NY Zip Code 10536-2164

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Garrison Institute Chair

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM4S7**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan F.P. Rose**

Mailing Address 33 Katonah Ave

City State Zip Code  
Katonah NY 10536-2164

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Jonathan Rose Companies Founder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM4R9**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Peter J. Rose**

Mailing Address 409 Hanover St

City State Zip Code  
Fredericksburg VA 22401-5936

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Franklin Partnership LLP Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNYB1**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Peter J. Rose**

Mailing Address 409 Hanover St

City State Zip Code  
Fredericksburg VA 22401-5936

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Franklin Partnership LLP Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQQ63**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

Amount of Each Receipt this Period

Bounced Check

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Peter J. Rose**

**Transaction ID : VQCFK9KQDQ5**

Mailing Address 409 Hanover St

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

City	State	Zip Code
Fredericksburg	VA	22401-5936

FEC ID number of contributing federal political committee.

C

Name of Employer  
The Franklin Partnership LLP

Occupation  
Partner

Amount of Each Receipt this Period

1250.00

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Rosen**

**Transaction ID : VQCFK9KPHQ6**

Mailing Address 23777 Mulholland Hwy  
Spc 18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

City	State	Zip Code
Calabasas	CA	91302-3782

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Amount of Each Receipt this Period

1000.00

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Douglas C Rosenberg**

**Transaction ID : VQCFK9KNAS7**

Mailing Address 3030 Bridgeway #214

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

City	State	Zip Code
Sausalito	CA	94965

FEC ID number of contributing federal political committee.

C

Name of Employer  
Midwestern BioAg

Occupation  
Chairman

Amount of Each Receipt this Period

2700.00

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Subtotal Of Receipts This Page** (optional).....

4950.00

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence Rosenberg**

Mailing Address 10 Crossroads Drive , Suite117  
Ste 206

City Owings Mills State MD Zip Code 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer The Mark Building Company, Inc. Occupation Builder/Developer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

**Transaction ID : VQCFK9KPDZ0**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Rosenstein**

Mailing Address 8717 Springvale Drive

City Timonium State MD Zip Code 21093

FEC ID number of contributing federal political committee. **C**

Name of Employer Goldberg/Rosenstein/Ken Firm Occupation Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KN440**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2015

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ira Rosenstein**

Mailing Address 8 Wakefield road

City Scarsdale State NY Zip Code 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer Morgan Lewis Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KPBB8**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2015

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page (optional)**.....▶ 2600.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Benjamin Ross**

Mailing Address 4710 Bethesda Ave  
Apt 819

City State Zip Code  
Bethesda MD 20814-5220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Disposal Safety, Inc. Hydrogeologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KMQ02**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2015

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Justin Ross**

Mailing Address 7100 College Heights Drive

City State Zip Code  
Hyattsville MD 20782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Perry, White, Ross & Jacobson Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

**Transaction ID : VQCFK9KP9D8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Sol Ross**

Mailing Address 7917 Candlewood Dr

City State Zip Code  
Alexandria VA 22306-3219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KPHC9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 750.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Rothenberg**

Mailing Address **270 Lafayette Street  
Suite 805**

City **New York** State **NY** Zip Code **10012**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Rothenberg, P.C.** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KK979**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

<b>1000.00</b>									
----------------	--	--	--	--	--	--	--	--	--

**B.** Full Name (Last, First, Middle Initial)  
**Winstead Rouse**

Mailing Address **3428 Woodberry Ave**

City **Baltimore** State **MD** Zip Code **21211-1562**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Executive** Occupation **Big City Farms**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KPW07**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

<b>250.00</b>									
---------------	--	--	--	--	--	--	--	--	--

**C.** Full Name (Last, First, Middle Initial)  
**Louis Rubin**

Mailing Address **PO Box 244**

City **Davidsonville** State **MD** Zip Code **21035**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Radiation Physics Inc** Occupation **Exec**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KNV15**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	5

Amount of Each Receipt this Period

<b>1000.00</b>									
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**Subtotal Of Receipts This Page** (optional).....▶ **2250.00**

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Laurie Ruckel**

Mailing Address 1214 fifth avenue  
apt 40C

City State Zip Code  
New York NY 10029

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
loeb & loeb llp Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPD13**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Mark Ruddy**

Mailing Address 6794 Colby Crossing Way

City State Zip Code  
Falls Church VA 22046-2356

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ruddy Law Office, PLLC Principal

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKGH4**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Jenae Ruesch**

Mailing Address 188 E 64th St

City State Zip Code  
New York NY 10065-0278

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
District Attorney's Office Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMX2**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Thomas Russell</b> Mailing Address 6104 Sylvan Ln City Monona State WI Zip Code 53716-3833 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Russ for Wisconsin Manager Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		<b>Transaction ID : VQCFK9KQ2S7</b> Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Richard Ruzich</b> Mailing Address 205 Franklin Rd City Glencoe State IL Zip Code 60022-1277 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Taft Lawyer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		<b>Transaction ID : VQCFK9KHVY7</b> Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Vincent J. Ryan</b> Mailing Address 60 South St Ste 1120 City Boston State MA Zip Code 02111-5103 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Schooner Capital LLC CEO & Chairman Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : VQCFK9KMEY8</b> Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John H. Sadler**

Mailing Address 109 Westgate Way

City	State	Zip Code
Reisterstown	MD	21136

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	physician

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMGV9**

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**John H. Sadler**

Mailing Address 109 Westgate Way

City	State	Zip Code
Reisterstown	MD	21136

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	physician

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNB94**

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Abrar Sahi**

Mailing Address 680 Lake Street

City	State	Zip Code
Roselle	IL	60172

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Allied Auto Service	Owner

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPCD5**

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



**SCHEDULE A-P**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 345 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

O'Malley for President

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Isaac Salazar</b>		<b>Transaction ID : VQCFK9KN4R8</b>	
Mailing Address 1212 4th St SE Apt 834		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2015	
City Washington	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer Local Politechs		Occupation Self-Employed	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="571.00"/>	
		Amount of Each Receipt this Period <input type="text" value="50.00"/>	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Samuel Salustro</b>		<b>Transaction ID : VQCFK9KK5F4</b>	
Mailing Address 101 E. Mount Royal #703 Apt 703		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2015	
City Baltimore	State MD	Zip Code 21202	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer O'Malley for President		Occupation Communications	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="50.00"/>	
		Amount of Each Receipt this Period <input type="text" value="50.00"/>	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Samuel Salustro</b>		<b>Transaction ID : VQCFK9KKW86</b>	
Mailing Address 101 E. Mount Royal #703 Apt 703		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2015	
City Baltimore	State MD	Zip Code 21202	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer O'Malley for President		Occupation Communications	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="95.00"/>	
		Amount of Each Receipt this Period <input type="text" value="45.00"/>	

 Subtotal Of Receipts This Page (optional)..... 

 Total This Period (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Samuel Salustro**

Mailing Address 101 E. Mount Royal #703  
Apt 703

City Baltimore State MD Zip Code 21202

FEC ID number of contributing federal political committee. **C**

Name of Employer O'Malley for President Occupation Communications

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
218.21

**Transaction ID : VQCFK9KPSB7**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
123.21

**B.** Full Name (Last, First, Middle Initial)  
**Delora Sanchez**

Mailing Address 1043 W. Barre St

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer Cornerstone Occupation Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNTN1**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Federico J Sanchez**

Mailing Address Po Box 363529

City San Juan State PR Zip Code 00936-3529

FEC ID number of contributing federal political committee. **C**

Name of Employer Interlink Group Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KKHG9**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 3073.21

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Sandler**

Mailing Address **5617 Wood Way**

City	State	Zip Code
Bethesda	MD	20816

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**Sandler Reiff Lamb Rosenstein & Birken**

Occupation  
**Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KK5X5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Amount of Each Receipt this Period

**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**Frederic G Sanford MD**

Mailing Address **9806 Juniper Hill Rd**

City	State	Zip Code
Rockville	MD	20850-5421

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**US Navy (ret)**

Occupation  
**Physician**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KN398**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

Amount of Each Receipt this Period

**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Bardia Sanjabi**

Mailing Address **215 Forest Park Rd**

City	State	Zip Code
Lexington	KY	40503-1131

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**University of Kentuck College of Law**

Occupation  
**Student**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**950.00**

**Transaction ID : VQCFK9KPK24**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Amount of Each Receipt this Period

**700.00**

**Subtotal Of Receipts This Page** (optional)..... **1100.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Louis Santangelo**

Mailing Address **38 Valentine Rd**

City **Briarcliff Manor** State **NY** Zip Code **10510**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Citigroup** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KPH38**

Date of Receipt

**09 / 28 / 2015**

Amount of Each Receipt this Period

**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Lisa Santangelo-Feeley**

Mailing Address **357 Hanover St  
Apt 2**

City **Boston** State **MA** Zip Code **02113-1935**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Harvard Medical School** Occupation **Fundraiser**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KR9M1**

Date of Receipt

**09 / 05 / 2015**

Amount of Each Receipt this Period

**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Michael Sapherstein**

Mailing Address **8 Winston Drive**

City **Livingston** State **NJ** Zip Code **07039**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Marvel Entertainment** Occupation **Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KPJ49**

Date of Receipt

**09 / 29 / 2015**

Amount of Each Receipt this Period

**250.00**

**Subtotal Of Receipts This Page** (optional)..... **3200.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Scheller**

Mailing Address 143 Market Street

City	State	Zip Code
Annapolis	MD	21401

FEC ID number of contributing federal political committee.

Name of Employer Consultant Firm	Occupation Managing Director
-------------------------------------	---------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN1D4**

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period

<input type="text" value="45.00"/>
------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Eileen O'Malley Schempp**

Mailing Address 417 W Montgomery Ave

City	State	Zip Code
Rockville	MD	20850-2844

FEC ID number of contributing federal political committee.

Name of Employer Merrill Lynch	Occupation Client Associate
-----------------------------------	--------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQB7**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Schiller**

Mailing Address 11824 Charen Lane

City	State	Zip Code
Potomac	MD	20854-3447

FEC ID number of contributing federal political committee.

Name of Employer Kiernan Group Holdings	Occupation Analyst
--	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNPM4**

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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**Subtotal Of Receipts This Page (optional).....**

**Total This Period (last page this line number only).....**

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Schiller**

Mailing Address 11824 Charen Lane

City	State	Zip Code
Potomac	MD	20854-3447

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Kiernan Group Holdings	Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPZY0**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Schimmel**

Mailing Address 1516 N. State Pkwy., #8A

City	State	Zip Code
Chicago	IL	60610

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Barnes & Thornburg LLP	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNXT7**

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Kurt L. Schmoke**

Mailing Address 1292 Hollywood Ave

City	State	Zip Code
Annapolis	MD	21403-4927

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
University of Baltimore	President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNF44**

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey H. Schwartz**

Mailing Address 11904 Henry Fleet Drive

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kela Associates - Self Employed Consultant-Exec. Coach

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KKZ33**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2015

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey H. Schwartz**

Mailing Address 11904 Henry Fleet Drive

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kela Associates - Self Employed Consultant-Exec. Coach

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KMA87**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey H. Schwartz**

Mailing Address 11904 Henry Fleet Drive

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kela Associates - Self Employed Consultant-Exec. Coach

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
550.00

**Transaction ID : VQCFK9KP728**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional).....▶ 400.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Schwartzberg**

Mailing Address 1 Greentree Court

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Preservation Services	President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNYD7**

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Jaime Krat Schwartzberg**

Mailing Address 1 Greentree Ct

City	State	Zip Code
Bethesda	MD	20817-1440

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
n/a	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNYE5**

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2015

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Sally J. Scott**

Mailing Address 205 Black Springs Cir

City	State	Zip Code
Iowa City	IA	52246-3801

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SJS Consulting	consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KJHA3**

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2015

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page** (optional).....▶ 5500.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**18027.32**

**Transaction ID : VQCFK9KJHA3E**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 05 / 2015**

Amount of Each Receipt this Period  
**100.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Sally J. Scott**

Mailing Address 205 Black Springs Cir

City Iowa City State IA Zip Code 52246-3801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SJS Consulting consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**300.00**

**Transaction ID : VQCFK9KKQ70**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 01 / 2015**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**18027.32**

**Transaction ID : VQCFK9KKQ70E**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 05 / 2015**

Amount of Each Receipt this Period  
**100.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**Subtotal Of Receipts This Page** (optional)..... **100.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sally J. Scott**

Mailing Address 205 Black Springs Cir

City State Zip Code  
Iowa City IA 52246-3801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SJS Consulting consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : VQCFK9KMA79**

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2015

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KMA79E**

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2015

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Sally J. Scott**

Mailing Address 205 Black Springs Cir

City State Zip Code  
Iowa City IA 52246-3801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SJS Consulting consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

**Transaction ID : VQCFK9KMZR8**

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page (optional)**.....▶ 350.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Scott**

Mailing Address **700 13th St NW  
FI 10**

City **Washington** State **DC** Zip Code **20005-3960**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Freshfields bruckhaus Deringer US LLP** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**80.00**

**Transaction ID : VQCFK9KKA0**

Date of Receipt

**07** / **27** / **2015**

Amount of Each Receipt this Period

**80.00**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Scott**

Mailing Address **700 13th St NW  
FI 10**

City **Washington** State **DC** Zip Code **20005-3960**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Freshfields bruckhaus Deringer US LLP** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**330.00**

**Transaction ID : VQCFK9KPM8**

Date of Receipt

**09** / **29** / **2015**

Amount of Each Receipt this Period

**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**James K Scroggins**

Mailing Address **234 Spry Island Rd**

City **Joppa** State **MD** Zip Code **21085**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Baltimore City Schools** Occupation **COO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KJZQ5**

Date of Receipt

**07** / **22** / **2015**

Amount of Each Receipt this Period

**500.00**

**Subtotal Of Receipts This Page** (optional)..... **830.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**James Keith Scroggins**

Mailing Address 234 Spry Island Rd

City	State	Zip Code
Joppa	MD	21085-5423

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Baltimore City Schools	COO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VQCFK9KMQF8

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Casey Seibert**

Mailing Address 2778 W 22nd Avenue

City	State	Zip Code
Denver	CO	80211

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Concentra	Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VQCFK9KNR76

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Susan Seibert**

Mailing Address PO Box 7095

City	State	Zip Code
Bozeman	MT	59771

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Hopa Mountain	Finance Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VQCFK9KNR19

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Perry Sfikas**

Mailing Address 623 Umbra St

City Baltimore State MD Zip Code 21224-4628

FEC ID number of contributing federal political committee.

Name of Employer n/a Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN568**

Date of Receipt

/  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Vinod K. Shah**

Mailing Address 24035 Tree Notch Rd

City Hollywood State MD Zip Code 20636

FEC ID number of contributing federal political committee.

Name of Employer Shah Associates Occupation Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPW49**

Date of Receipt

/  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Deborah Shalom**

Mailing Address 8 Sears Rd

City Brookline State MA Zip Code 02445-7410

FEC ID number of contributing federal political committee.

Name of Employer Anti-Defamation League Occupation Vice Chair

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKAG3**

Date of Receipt

/  /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Joshua Moses Sharfstein**

Mailing Address **5820 Pimlico Rd**

City	State	Zip Code
Baltimore	MD	21209-4203

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Johns Hopkins School of Public Health	Professor

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **2000.00**

**Transaction ID : VQCFK9KPBG8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	5

Amount of Each Receipt this Period

_____	<b>1000.00</b>
-------	----------------

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Sharp**

Mailing Address **1401 Ocean Ave  
Ste 350**

City	State	Zip Code
Santa Monica	CA	90401-2161

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Open Road Integrated Media	President/CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **2700.00**

**Transaction ID : VQCFK9KHKH4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

_____	<b>2700.00</b>
-------	----------------

**C.** Full Name (Last, First, Middle Initial)  
**Michael P. Shaw**

Mailing Address **5219 Springlake Way**

City	State	Zip Code
Baltimore	MD	21212

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Shaw Law Group, LLC	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **1000.00**

**Transaction ID : VQCFK9KPHW5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Amount of Each Receipt this Period

_____	<b>500.00</b>
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**Subtotal Of Receipts This Page** (optional).....▶ **4200.00**

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Francis L Shea III**

Mailing Address 67 Morningside Dr

City	State	Zip Code
Arlington	MA	02474-1938

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
The Castle Group	Public Relations

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

**Transaction ID : VQCFK9KNAB7**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2015

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Shea**

Mailing Address 1800 15th St  
Ste 101

City	State	Zip Code
Denver	CO	80202-7134

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Richilano Shea LLC	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNXW2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sloan Sheridan**

Mailing Address 12909 Missionwood Way

City	State	Zip Code
Potomac	MD	20854

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Student	Student

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
280.00

**Transaction ID : VQCFK9KKDW4**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2015

Amount of Each Receipt this Period  
280.00

**Subtotal Of Receipts This Page** (optional).....▶ 1530.00

**Total This Period** (last page this line number only).....▶



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John Sherman**

Mailing Address 1909 Thames St.  
Ste 201

City Baltimore State MD Zip Code 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer Storyfarm Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

**Transaction ID : VQCFK9KK470**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

100.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**John Sherman**

Mailing Address 1909 Thames St.  
Ste 201

City Baltimore State MD Zip Code 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer Storyfarm Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KK2Q1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

50.00
-------

**C.** Full Name (Last, First, Middle Initial)  
**John Sherman**

Mailing Address 1909 Thames St.  
Ste 201

City Baltimore State MD Zip Code 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer Storyfarm Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

**Transaction ID : VQCFK9KKYN3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	5

Amount of Each Receipt this Period

100.00
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**Subtotal Of Receipts This Page** (optional).....▶ **250.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John Sherman**

Mailing Address 1909 Thames St.  
Ste 201

City Baltimore State MD Zip Code 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer Storyfarm Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

**Transaction ID : VQCFK9KMKS0**

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2015

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**John Sherman**

Mailing Address 1909 Thames St.  
Ste 201

City Baltimore State MD Zip Code 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer Storyfarm Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

**Transaction ID : VQCFK9KN4Q0**

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2015

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**John Sherman**

Mailing Address 1909 Thames St.  
Ste 201

City Baltimore State MD Zip Code 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer Storyfarm Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
900.00

**Transaction ID : VQCFK9KP6R9**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional)..... 300.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Gerard M Shields**

Mailing Address 223 Finale Terrace

City State Zip Code  
Silver Spring MD 20901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State of Maryland Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KMV82**

Date of Receipt

**08 / 29 / 2015**

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**Debbie S. Shore**

Mailing Address 2022 Columbia Road, NW  
Apartment 306

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Share Our Strength Co founder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

**Transaction ID : VQCFK9KMKH7**

Date of Receipt

**08 / 23 / 2015**

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Debbie S. Shore**

Mailing Address 2022 Columbia Road, NW  
Apartment 306

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Share Our Strength Co founder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1760.00

**Transaction ID : VQCFK9KP5A9**

Date of Receipt

**09 / 22 / 2015**

Amount of Each Receipt this Period

5.00

**Subtotal Of Receipts This Page** (optional)..... **755.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Debbie S. Shore**

Mailing Address 2022 Columbia Road, NW  
Apartment 306

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Share Our Strength Occupation Co founder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1760.00

**Transaction ID : VQCFK9KP5C4**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
**Debbie S. Shore**

Mailing Address 2022 Columbia Road, NW  
Apartment 306

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Share Our Strength Occupation Co founder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1960.00

**Transaction ID : VQCFK9KP6T5**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Debbie S. Shore**

Mailing Address 2022 Columbia Road, NW  
Apartment 306

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Share Our Strength Occupation Co founder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1960.00

**Transaction ID : VQCFK9KP6V3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 205.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**William Harold Shore**

Mailing Address **2915 Connecticut Ave NW  
Apt 501**

City **Washington** State **DC** Zip Code **20008-1430**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Share Our Strength** Occupation **nonprofit CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KPS01**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 25 / 2015**

Amount of Each Receipt this Period  
**700.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **14 Arrow St  
Ste 11**

City **Cambridge** State **MA** Zip Code **02138-5106**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**18027.32**

**Transaction ID : VQCFK9KPS01E**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**700.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Khalid A Siddiqui**

Mailing Address **201 Hickory Ln**

City **Hanover** State **PA** Zip Code **17331-7966**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Hillside Medical Practice** Occupation **Doctor**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KP1F9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 19 / 2015**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **1200.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
O'Malley for President

**A.** Full Name (Last, First, Middle Initial)  
**Sushma Sidh**

Mailing Address 1211 Chadwick Dr

City Westminster State MD Zip Code 21158-6124

FEC ID number of contributing federal political committee. C

Name of Employer Carroll OBGYN Occupation Physician - OBGYN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN612**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2015

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Sanford Siegel**

Mailing Address 9 Bellchase Court  
Unit 609

City Baltimore State MD Zip Code 21208

FEC ID number of contributing federal political committee. C

Name of Employer Chesapeake Urology Associates Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKG59**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 29 / 2015

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Ellen Silbergeld**

Mailing Address 3801 Canterbury Rd  
Unit 515

City Baltimore State MD Zip Code 21218-2374

FEC ID number of contributing federal political committee. C

Name of Employer Johns Hopkins Institutions Occupation Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPZD6**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2015

Amount of Each Receipt this Period  
 250.00

**Subtotal Of Receipts This Page** (optional).....▶ 3950.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 367 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sophia Silbergeld**

Mailing Address 1631 Whetstone Way  
#605

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Martin-Lauer Associates Political Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMKG9**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Sophia Silbergeld**

Mailing Address 1631 Whetstone Way  
#605

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Martin-Lauer Associates Political Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPPQ9**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Brian H Simmons**

Mailing Address 132 Crimson Dr

City State Zip Code  
Pittsburgh PA 15237-1068

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Buchanan, Ingersoll, & Rooney Shareholder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNMW3**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Russell Simmons**

Mailing Address **280 Park Ave**  
**FL EAST**

City **New York** State **NY** Zip Code **10017-1216**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Rush Communications** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

**Transaction ID : VQCFK9KKMY4**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 03 / 2015**

Amount of Each Receipt this Period  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Timothy L. Simons**

Mailing Address **1618 Allison St NW**

City **Washington** State **DC** Zip Code **20011-4214**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Legislative and Regulatory Affairs Uni** Occupation **Vice President and Senior Compliance O**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KK5B3**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 24 / 2015**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Steve Sirls**

Mailing Address **3710 Westbrook Ave**

City **Nashville** State **TN** Zip Code **37205-2330**

FEC ID number of contributing federal political committee. **C**

Name of Employer **self** Occupation **Landscape Architect**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KP7G9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 24 / 2015**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional)..... **2250.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Bryan Sivak**

Mailing Address 3212 Porter Street NW

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Robert Wood Johnson Foundation Entrepreneur

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KPD62**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**David Sloan**

Mailing Address

City State Zip Code  
Fort Washington MD 20744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Advocate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KKSP1**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2015

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Albert H. Small**

Mailing Address 7116 Glenbrook Rd

City State Zip Code  
Bethesda MD 20814-1225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southern Engineering Corporation Real Estate Developer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KMMK3**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 2500.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Georgia D. Smith**

Mailing Address **PO Box 824**

City State Zip Code  
**Center Harbor NH 03226**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Retired NA**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1200.00**

**Transaction ID : VQCFK9KPSP4**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**1200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Graylin E. Smith**

Mailing Address **12204 Highgrove Court**

City State Zip Code  
**Reisterstown MD 21136**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SB & Company, LLC Managing Partner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KJZM1**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 22 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**James T Smith Jr.**

Mailing Address **12021 Tralee Rd  
Unit 301**

City State Zip Code  
**Timonium MD 21093-3851**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Counsel Smith, Gildea & Schmidt**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : VQCFK9KPWN3**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **4900.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 371 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kent Smith**

Mailing Address **5300 Waterbury Road**

City **Des Moines** State **IA** Zip Code **50312**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Scheldrup Blades Schrock Smith P.C.** Occupation **Attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1200.00**

**Transaction ID : VQCFK9KKNJ2**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	03	/	2015

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kent Smith**

Mailing Address **5300 Waterbury Road**

City **Des Moines** State **IA** Zip Code **50312**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Scheldrup Blades Schrock Smith P.C.** Occupation **Attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1450.00**

**Transaction ID : VQCFK9KP8R5**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	25	/	2015

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Maureen Smith**

Mailing Address **57 Blenheim Terrace**

City **London** State **Lo** Zip Code **NW8 0EJ**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KM6W6**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	16	/	2015

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2250.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Nathaniel Smith**

Mailing Address 330 Iris Rd

City	State	Zip Code
Ft Mitchell	KY	41011-2629

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SSK Communities	partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK2E0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Yvonne Patricia Smith**

Mailing Address 7138 N Alter St

City	State	Zip Code
Gwynn Oak	MD	21207-6418

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPRH4**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Michael J. Snarski CPA**

Mailing Address 5608 Saint Albans Way

City	State	Zip Code
Baltimore	MD	21212-2954

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	CPA

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP4Q8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Fonda Snyder**

Mailing Address 11355 Homedale Street

City	State	Zip Code
Los Angeles	CA	90049

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Alchemy Ink, Inc.	Literary Agent

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP533**

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2015

Amount of Each Receipt this Period

<input type="text" value="200.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Terry Snyder**

Mailing Address 1551 Larimer St  
Apt 1603

City	State	Zip Code
Denver	CO	80202-1633

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Integrated Legislative Solutions	Owner

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNY12**

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Jorge Socca-Calderano**

Mailing Address 268 Ave. Ponce de Leon  
Ste 112

City	State	Zip Code
Hato Rey	PR	00918

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Axysnet	President

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMCB4**

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Receipt this Period

<input type="text" value="2690.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony Solis**

Mailing Address **24843 paseo deal rancho  
Ste 2140**

City **Calabasas** State **CA** Zip Code **91302**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

**Transaction ID : VQCFK9KQ2B7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

<b>500.00</b>
---------------

**B.** Full Name (Last, First, Middle Initial)  
**Sean Somerville**

Mailing Address **721 Chapel Ridge Road**

City **Timonium** State **MD** Zip Code **21093**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Morgan Stanley** Occupation **Financial Advisor**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KPSA0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

<b>500.00</b>
---------------

**C.** Full Name (Last, First, Middle Initial)  
**Scott Sonntag**

Mailing Address **10211 wincopin circle, #620  
Ste 620**

City **Columbia** State **MD** Zip Code **21044**

FEC ID number of contributing federal political committee. **C**

Name of Employer **law offices of w. scott sonntag. pa** Occupation **attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KMQS7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			27			2015			

Amount of Each Receipt this Period

<b>700.00</b>
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**Subtotal Of Receipts This Page** (optional).....▶ **1700.00**

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Robin & Stuart Sorkin**

Mailing Address **5431 Mohican Rd**

City	State	Zip Code
Bethesda	MD	20816-2161

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	Attorney

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMRS0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Jonathan Soros**

Mailing Address **70A Greenwich Ave  
# 199**

City	State	Zip Code
New York	NY	10011-8300

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JS Capital Management	CEO

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNF93**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Lee Spann**

Mailing Address **1424 Riverside Ave**

City	State	Zip Code
Baltimore	MD	21230-4651

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
The Wine Market	Owner

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP4H1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Margo Speciale**

Mailing Address 1243 Cherry Tree Lane

City State Zip Code  
Annapolis MD 21403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Due East Partners Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KP1Z5**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Donald N Sperling**

Mailing Address 25 W Middle Ln

City State Zip Code  
Rockville MD 20850-2214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stein Sperling Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KNB44**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**James E Spiotto**

Mailing Address 6425 Tower Court

City State Zip Code  
Lincolnwood IL 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chapman Strategic Advisors Consultant/Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KPA90**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1750.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jean & John Spitzer**

Mailing Address 124 Ferson Ave

City Iowa City State IA Zip Code 52246-3504

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KN6R3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Laurie Sprung**

Mailing Address 5609 Chevy Chase Pkwy NW

City Washington State DC Zip Code 20015-2519

FEC ID number of contributing federal political committee.

Name of Employer The Advisory Board Company Occupation management consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM9M9**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Julie Ellen Squire**

Mailing Address 2202 Crest Rd

City Baltimore State MD Zip Code 21209-4207

FEC ID number of contributing federal political committee.

Name of Employer National Association of State Workforc Occupation Policy Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJ065**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
90.16

**Transaction ID : VQCFK9KJEJ0**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2015

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
95.16

**Transaction ID : VQCFK9KJN11**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 12 / 2015

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.16

**Transaction ID : VQCFK9KJSM8**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2015

Amount of Each Receipt this Period  
5.00

**Subtotal Of Receipts This Page** (optional).....▶ 15.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
105.16

**Transaction ID : VQCFK9KJV22**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2015

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
130.16

**Transaction ID : VQCFK9KK0D8**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
145.16

**Transaction ID : VQCFK9KK743**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 25 / 2015

Amount of Each Receipt this Period  
15.00

**Subtotal Of Receipts This Page** (optional).....▶ 45.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Michael Stanis</b>		<b>Transaction ID : VQCFK9KKK97</b>	
Mailing Address 1609 ocean view ave. Stanis		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2015	
City Kensington	State CA	Zip Code 94707	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 20.00	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 165.16	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Michael Stanis</b>		<b>Transaction ID : VQCFK9KKKS98</b>	
Mailing Address 1609 ocean view ave. Stanis		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2015	
City Kensington	State CA	Zip Code 94707	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 5.00	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 170.16	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Michael Stanis</b>		<b>Transaction ID : VQCFK9KKXC1</b>	
Mailing Address 1609 ocean view ave. Stanis		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2015	
City Kensington	State CA	Zip Code 94707	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10.00	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 180.16	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**Subtotal Of Receipts This Page** (optional).....▶ 35.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
185.16

**Transaction ID : VQCFK9KM9W2**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2015

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
190.16

**Transaction ID : VQCFK9KMF87**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2015

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.16

**Transaction ID : VQCFK9KMRW4**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2015

Amount of Each Receipt this Period  
10.00

**Subtotal Of Receipts This Page** (optional).....▶ 20.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
205.16

**Transaction ID : VQCFK9KMZY5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

Amount of Each Receipt this Period

5.00
------

**B.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.16

**Transaction ID : VQCFK9KPPB1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

5.00
------

**C.** Full Name (Last, First, Middle Initial)  
**Michael Stanis**

Mailing Address 1609 ocean view ave.  
Stanis

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
215.16

**Transaction ID : VQCFK9KPZS1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

5.00
------

**Subtotal Of Receipts This Page** (optional).....▶ 

15.00
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**Total This Period** (last page this line number only).....▶ 

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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Judson W. Starr Esq.**

Mailing Address 575 7th St NW

City	State	Zip Code
Washington	DC	20004-1609

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Venable	Chair, Environmental Practice

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KNX51**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

Amount of Each Receipt this Period

\_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Tom Steele**

Mailing Address 9 Lynnwood Ln

City	State	Zip Code
Nashville	TN	37205-2909

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Equitable Trust	Investor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KMM39**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

Amount of Each Receipt this Period

\_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Bruce H. Stern**

Mailing Address 14 Tara Way

City	State	Zip Code
Pennington	NJ	08534

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Stark & Stark	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KNCW7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2015			

Amount of Each Receipt this Period

\_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 2500.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**David J Stewart**

Mailing Address 1316 Stonehenge Dr

City York State PA Zip Code 17404-9033

FEC ID number of contributing federal political committee. **C**

Name of Employer The Stewart Companies Occupation Chair, Executive Operating Board

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KPTW5**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary A. Stewart Jr.**

Mailing Address 950 Smile Way

City York State PA Zip Code 17404-1725

FEC ID number of contributing federal political committee. **C**

Name of Employer The Stewart Companies Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KNF10**

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2015

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Gilbert H. Stewart III**

Mailing Address 10114 Hobsons Choice Ln

City Ellicott City State MD Zip Code 21042-1618

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KK5A5**

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2015

Amount of Each Receipt this Period  
451.00

**Subtotal Of Receipts This Page** (optional).....▶ 5851.00

**Total This Period** (last page this line number only).....▶



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	17a	<input type="checkbox"/>	17b	<input type="checkbox"/>	17c	<input type="checkbox"/>	17d	<input type="checkbox"/>	18
<input type="checkbox"/>	19a	<input type="checkbox"/>	19b	<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

### A. Full Name (Last, First, Middle Initial)

**Heather L Stewart**

Mailing Address 950 Smile Way

City	State	Zip Code
York	PA	17404-1725

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2016

Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : VQCFK9KNF28**

Date of Receipt

/    /        
09 / 10 / 2015

Amount of Each Receipt this Period

2700.00

### B. Full Name (Last, First, Middle Initial)

**Mary C Stewart**

Mailing Address 1316 Stonehenge Dr

City	State	Zip Code
York	PA	17404-9033

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2016

Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : VQCFK9KPTX2**

Date of Receipt

/    /        
09 / 30 / 2015

Amount of Each Receipt this Period

2700.00

### C. Full Name (Last, First, Middle Initial)

**Nicholas Stewart**

Mailing Address 9 Garrett Avenue

City	State	Zip Code
Halethorpe	MD	21227

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Saul Ewing

Occupation  
Attorney

Receipt For: 2016

Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : VQCFK9KMNT2**

Date of Receipt

/    /        
08 / 25 / 2015

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page** (optional).....

5900.00

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Nick Stewart</b>			<b>Transaction ID : VQCFK9KQ2Q1</b>		
Mailing Address 9 Garrett Ave			Date of Receipt MM / DD / YYYY 09 / 30 / 2015		
City Arbutus	State MD	Zip Code 21227	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>		
Name of Employer Saul Ewing LLP	Occupation Attorney		Amount of Each Receipt this Period		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		<input type="text" value="250.00"/>		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Harold S. Stinger</b>			<b>Transaction ID : VQCFK9KPR41</b>		
Mailing Address 16147 Waterford Creek Cir			Date of Receipt MM / DD / YYYY 09 / 30 / 2015		
City Hamilton	State VA	Zip Code 20158-3338	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="2700.00"/>		
Name of Employer SGT, inc	Occupation Chairman of Board		Amount of Each Receipt this Period		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<input type="text" value="2700.00"/>		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Deborah Stofer</b>			<b>Transaction ID : VQCFK9KK7N7</b>		
Mailing Address 91 Woodland Circle			Date of Receipt MM / DD / YYYY 07 / 26 / 2015		
City Minneapolis	State MN	Zip Code 55424	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>		
Name of Employer Cherry Tree Investments	Occupation Business		Amount of Each Receipt this Period		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="50.00"/>		<input type="text" value="50.00"/>		

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah Stofer**

**Transaction ID : VQCFK9KKRT9**

Mailing Address **91 Woodland Circle**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	5

City **Minneapolis** State **MN** Zip Code **55424**

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

<input type="text" value="550.00"/>
-------------------------------------

Name of Employer **Cherry Tree Investments** Occupation **Business**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**B.** Full Name (Last, First, Middle Initial)  
**Emma J. Stokes**

**Transaction ID : VQCFK9KJK07**

Mailing Address **511 S Hanover St**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

City **Baltimore** State **MD** Zip Code **21201-2414**

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**C.** Full Name (Last, First, Middle Initial)  
**Dustin D Stolly**

**Transaction ID : VQCFK9KKPM0**

Mailing Address **330 Madison Ave  
Fl 3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	5

City **New York** State **NY** Zip Code **10017-5001**

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

Name of Employer **JLL** Occupation **Managing Director**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Adam Joseph Stolz**

Mailing Address **128 W 73 St Apt 4B**  
**Apt 4B**

City **New York** State **NY** Zip Code **10023**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOK** Occupation **Principal**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1250.00**

**Transaction ID : VQCFK9KNC89**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

<b>250.00</b>
---------------

**B.** Full Name (Last, First, Middle Initial)  
**Frank A. Storch**

Mailing Address **25 Hooks Ln**  
**Ste 312**

City **Pikesville** State **MD** Zip Code **21208-1620**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Storch Realty** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KM3K9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			13			2015			

Amount of Each Receipt this Period

<b>500.00</b>
---------------

**C.** Full Name (Last, First, Middle Initial)  
**Sarah J. Stout**

Mailing Address **8915 Montgomery Ave**

City **Chevy Chase** State **MD** Zip Code **20815-4703**

FEC ID number of contributing federal political committee. **C**

Name of Employer **The Lewin Group** Occupation **Managing Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KJK73**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			10			2015			

Amount of Each Receipt this Period

<b>500.00</b>
---------------

**Subtotal Of Receipts This Page** (optional).....▶ **1250.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sarah J. Stout**

Mailing Address 8915 Montgomery Ave

City	State	Zip Code
Chevy Chase	MD	20815-4703

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
The Lewin Group	Managing Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQBC5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Paul F. Strain**

Mailing Address 750 E Pratt St  
Ste 900

City	State	Zip Code
Baltimore	MD	21202-3157

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Venable LLP	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP7Z7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**John Streelman**

Mailing Address 5920 S. Camargo Way

City	State	Zip Code
Littleton	CO	80123

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Wheeler Trigg O'Donnell LLP	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKHC7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**John Strelman**

Mailing Address 5920 S. Camargo Way

City Littleton State CO Zip Code 80123

FEC ID number of contributing federal political committee. **C**

Name of Employer Wheeler Trigg O'Donnell LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1091.17

**Transaction ID : VQCFK9KQMG6**

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2015

Amount of Each Receipt this Period  
591.17

\* In-Kind: Catering

**B.** Full Name (Last, First, Middle Initial)  
**John Strelman**

Mailing Address 5920 S. Camargo Way

City Littleton State CO Zip Code 80123

FEC ID number of contributing federal political committee. **C**

Name of Employer Wheeler Trigg O'Donnell LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2691.17

**Transaction ID : VQCFK9KNXS9**

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2015

Amount of Each Receipt this Period  
1600.00

**C.** Full Name (Last, First, Middle Initial)  
**Carl W Struever**

Mailing Address 2400 Boston Street

City Baltimore State MD Zip Code 21224

FEC ID number of contributing federal political committee. **C**

Name of Employer Partner Occupation Cross Street Partners

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KMSE6**

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 4891.17

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Stuart A Schadt LLC**

Mailing Address 300 E Lombard St  
Ste 815

City Baltimore State MD Zip Code 21202-3548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPZR3**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
500.00

LLC - Members below if itemized. Permissible funds.

**B.** Full Name (Last, First, Middle Initial)  
**Stuart Schadt**

Mailing Address 2 Kengate Court

City Baltimore State MD Zip Code 21202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stuart A. Schadt, LLC attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : VQCFK9KRCY6**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City Indianapolis State IN Zip Code 46208-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
75.00

**Transaction ID : VQCFK9KJE73**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2015

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 525.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City	State	Zip Code
Indianapolis	IN	46208-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
None	None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
85.00

**Transaction ID : VQCFK9KJKD0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City	State	Zip Code
Indianapolis	IN	46208-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
None	None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
95.00

**Transaction ID : VQCFK9KJSC5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City	State	Zip Code
Indianapolis	IN	46208-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
None	None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

**Transaction ID : VQCFK9KJTY0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

5.00

**Subtotal Of Receipts This Page** (optional).....▶ 

25.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City Indianapolis State IN Zip Code 46208-2517

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKN91**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

<input type="text" value="10.00"/>
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**B.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City Indianapolis State IN Zip Code 46208-2517

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM865**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Amount of Each Receipt this Period

<input type="text" value="10.00"/>
------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City Indianapolis State IN Zip Code 46208-2517

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMGR6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			21			2015			

Amount of Each Receipt this Period

<input type="text" value="15.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City Indianapolis State IN Zip Code 46208-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
145.00

**Transaction ID : VQCFK9KN0P3**

Date of Receipt

/  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City Indianapolis State IN Zip Code 46208-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165.00

**Transaction ID : VQCFK9KNFY9**

Date of Receipt

/  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City Indianapolis State IN Zip Code 46208-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
165.00

**Transaction ID : VQCFK9KNG13**

Date of Receipt

/  /

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City	State	Zip Code
Indianapolis	IN	46208-2517

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
None	None

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNQM6**

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="25.00"/>
------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City	State	Zip Code
Indianapolis	IN	46208-2517

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
None	None

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP675**

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2015

Amount of Each Receipt this Period

<input type="text" value="15.00"/>
------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City	State	Zip Code
Indianapolis	IN	46208-2517

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
None	None

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQ378**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="15.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Sabine Sturm**

Mailing Address 5353 Graceland Ave

City Indianapolis State IN Zip Code 46208-2517

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
None None

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQFV0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

<input type="text" value="25.00"/>
------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Caroline Sullivan**

Mailing Address 2709 Fairview Road

City Raleigh State NC Zip Code 27608

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
stay at home mother stay at home mother

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPT11**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

<input type="text" value="750.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Mary Summers**

Mailing Address 7315 Yorktowne Dr

City Towson State MD Zip Code 21204

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Baltimore County Schools Physical Therapist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPGX0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Summers**

Mailing Address 6204 Cheverly Park Dr.

City	State	Zip Code
Cheverly	MD	20785

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Prince George's County State's Attorney	Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KP2F2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Summers**

Mailing Address 7315 Yorktowne Drive

City	State	Zip Code
Baltimore	MD	21204

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
KCI Technologies	Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

**Transaction ID : VQCFK9KPGZ6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Nicole Suozzi**

Mailing Address 156 N. Harrison Street

City	State	Zip Code
Princeton	NJ	08540

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Secondary School Admission Test Board	COO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KP777**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Amount of Each Receipt this Period

\_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 2000.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Suozzi**

Mailing Address **5 Park Place  
Unit 611**

City **Annapolis** State **MD** Zip Code **21401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KMRY0**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 27 / 2015**

Amount of Each Receipt this Period  
**1700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jay Surdukowski Esq.**

Mailing Address **9 Capitol St**

City **Concord** State **NH** Zip Code **03301-6310**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Sulloway & Hollis** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

**Transaction ID : VQCFK9KNA18**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 08 / 2015**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Brad A Surosky**

Mailing Address **19201 Highway 12  
# 214**

City **Sonoma** State **CA** Zip Code **95476-5413**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Transcendence Theatre Company** Occupation **Executive Director**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KPRE0**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional).....▶ **2700.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 399 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Wain Swapp**

Mailing Address 9 Pictor Court

City	State	Zip Code
Trabuco Canyon	CA	92679

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Community Merchant Solutions	Owner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KPDG1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lucinda Swartz**

Mailing Address 4112 Franklin St

City	State	Zip Code
Kensington	MD	20895-3828

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : VQCFK9KNHT1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Lucinda Swartz**

Mailing Address 4112 Franklin St

City	State	Zip Code
Kensington	MD	20895-3828

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KNTM3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			15			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1000.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Gerard H Sweeney**

Mailing Address 2 Craig Lane

City State Zip Code  
Haverford PA 19041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Brandywine Realty Trust CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KKQM3**

Date of Receipt

/  /

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Ian Swift**

Mailing Address 4400 Sangamore Rd  
Apt 43

City State Zip Code  
Bethesda MD 20816-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Celeris Corporation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KN2W6**

Date of Receipt

/  /

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ian Swift**

Mailing Address 4400 Sangamore Rd  
Apt 43

City State Zip Code  
Bethesda MD 20816-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Celeris Corporation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**Transaction ID : VQCFK9KPHT0**

Date of Receipt

/  /

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page** (optional)..... **4200.00**

**Total This Period** (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Gaffar Syed**

Mailing Address **7527 Old Receiver Rd**  
# A

City **Frederick** State **MD** Zip Code **21702-2750**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Frederick Memorial Hospital** Occupation **Doctor/Internist**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**400.00**

**Transaction ID : VQCFK9KP379**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 21 / 2015**

Amount of Each Receipt this Period  
**400.00**

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Sysak**

Mailing Address **680 S McLean Blvd**

City **Memphis** State **TN** Zip Code **38104-5122**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KQPP7**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 28 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Gary Sysak**

Mailing Address **680 S McLean**

City **Memphis** State **TN** Zip Code **38104**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KMSM3**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 28 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **5800.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Anne Tallon**

Mailing Address 212 Upland Rd

City	State	Zip Code
Cambridge	MA	02140-3645

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KNAC5**

Date of Receipt

M M / D D / Y Y Y Y  
**09 / 05 / 2015**

Amount of Each Receipt this Period

**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dan Tannen**

Mailing Address 3420 Forsythia Lane

City	State	Zip Code
Burtonsville	MD	20866

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	structured settlement annuity sales

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KND24**

Date of Receipt

M M / D D / Y Y Y Y  
**09 / 09 / 2015**

Amount of Each Receipt this Period

**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Tom Tate**

Mailing Address 4310 Sheridan St  
Sheridan

City	State	Zip Code
University Park	MD	20782

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼  
**200.00**

**Transaction ID : VQCFK9KJWH1**

Date of Receipt

M M / D D / Y Y Y Y  
**07 / 17 / 2015**

Amount of Each Receipt this Period

**100.00**

**Subtotal Of Receipts This Page (optional)** ..... **1600.00**

**Total This Period (last page this line number only)** ..... **1600.00**

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Tom Tate**

Mailing Address 4310 Sheridan St  
Sheridan

City State Zip Code  
University Park MD 20782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KKYP1**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2015

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Tom Tate**

Mailing Address 4310 Sheridan St  
Sheridan

City State Zip Code  
University Park MD 20782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : VQCFK9KN8T2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2015

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Liles Taylor**

Mailing Address 105 Cottage Garden Lane

City State Zip Code  
Midway KY 40347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Commonwealth of Kentucky Deputy Chief of Staff

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KPF50**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page (optional)**.....▶ 450.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Travis Tazelaar</b> Mailing Address 307 Marvin Road City Silver Spring State MD Zip Code 20901 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer George Rakis Occupation Environmentalist Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>350.00</b>		<b>Transaction ID : VQCFK9KKEF4</b> Date of Receipt M M / D D / Y Y Y Y <b>07 / 28 / 2015</b> Amount of Each Receipt this Period <b>100.00</b>
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<b>B.</b> Full Name (Last, First, Middle Initial) <b>Travis Tazelaar</b> Mailing Address 307 Marvin Road City Silver Spring State MD Zip Code 20901 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer George Rakis Occupation Environmentalist Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>600.00</b>		<b>Transaction ID : VQCFK9KMKF1</b> Date of Receipt M M / D D / Y Y Y Y <b>08 / 23 / 2015</b> Amount of Each Receipt this Period <b>250.00</b>
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<b>C.</b> Full Name (Last, First, Middle Initial) <b>David R. Terbush</b> Mailing Address PO Box 15094 City Chevy Chase State MD Zip Code 20825-5094 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation CPA Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>1000.00</b>		<b>Transaction ID : VQCFK9KMCT2</b> Date of Receipt M M / D D / Y Y Y Y <b>08 / 19 / 2015</b> Amount of Each Receipt this Period <b>1000.00</b>
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**Subtotal Of Receipts This Page** (optional)..... **1350.00**

**Total This Period** (last page this line number only).....

### SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Tracy A. Terrell**

Mailing Address 3908 Cotton Tree Ln

City	State	Zip Code
Burtonsville	MD	20866

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DDC Advocacy	Associate VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKF98**

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Tracy A. Terrell**

Mailing Address 3908 Cotton Tree Ln

City	State	Zip Code
Burtonsville	MD	20866

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DDC Advocacy	Associate VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJP9**

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**J. Ronald Terwilliger**

Mailing Address 3060 Peachtree Rd NW  
Ste 830

City	State	Zip Code
Atlanta	GA	30305-2240

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Enterprise Community Partners	Chairman of the Board

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKJV6**

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page (optional)**.....

**Total This Period (last page this line number only)**.....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Virginia M. Terzano</b> Mailing Address 731 Warren Dr City Annapolis State MD Zip Code 21403-2809 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dewey Square Group Occupation Public Relations Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>750.00</b>		<b>Transaction ID : VQCFK9KP320</b> Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2015 Amount of Each Receipt this Period <b>750.00</b>
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<b>B.</b> Full Name (Last, First, Middle Initial) <b>Margaret C. Thalenberg</b> Mailing Address 213 Lockwood Ct City Annapolis State MD Zip Code 21403-2446 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Administrator Occupation Law Offices of Evan Thalenberg Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>2000.00</b>		<b>Transaction ID : VQCFK9KMKZ7</b> Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2015 Amount of Each Receipt this Period <b>2000.00</b>
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<b>C.</b> Full Name (Last, First, Middle Initial) <b>Linda Theophilus</b> Mailing Address 420 Nike Drive City Pittsburgh State PA Zip Code 15235 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Emmanuel Lutheran Church Occupation clergy Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>500.00</b>		<b>Transaction ID : VQCFK9KND97</b> Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2015 Amount of Each Receipt this Period <b>500.00</b>
--	--	--

**Subtotal Of Receipts This Page** (optional)..... **3250.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher M. Thomas**

Mailing Address 1113 Independence Ave. SE

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CH2M	Vice President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

**Transaction ID : VQCFK9KKEW5**

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

_____ 500.00
--------------

**B.** Full Name (Last, First, Middle Initial)  
**Donna Thomas**

Mailing Address 7514 New Grace Mews

City	State	Zip Code
Columbia	MD	21046

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Astrachan Gunst Thomas, P.C.	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KNHR5**

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

_____ 500.00
--------------

**C.** Full Name (Last, First, Middle Initial)  
**Tad Thomas**

Mailing Address 9519 Horsemint Ln  
Ste 200

City	State	Zip Code
Prospect	KY	40059

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Thomas Law Offices, PLLC	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KPCX1**

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2015

Amount of Each Receipt this Period

_____ 2700.00
---------------

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 3700.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Brian G. Thompson</b>		<b>Transaction ID : VQCFK9KN381</b>	
Mailing Address 900 Monaghan Ct		Date of Receipt MM / DD / YYYY 09 / 02 / 2015	
City Lutherville Timonium	State MD	Zip Code 21093-1529	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date ▼ 2700.00	
Name of Employer Silverman, Thompson, Slutkin & White	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Dana Thompson</b>		<b>Transaction ID : VQCFK9KKM32</b>	
Mailing Address 7303 Trescott Avenue		Date of Receipt MM / DD / YYYY 08 / 01 / 2015	
City Takoma Park	State MD	Zip Code 20912	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date ▼ 500.00	
Name of Employer Podesta Group	Occupation Principal		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>James Thompson</b>		<b>Transaction ID : VQCFK9KMTS4</b>	
Mailing Address 11513 High Dr		Date of Receipt MM / DD / YYYY 08 / 29 / 2015	
City Leawood	State KS	Zip Code 66211-3082	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date ▼ 500.00	
Name of Employer Edelman and Thompson	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Subtotal Of Receipts This Page (optional).....▶ 3700.00

Total This Period (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 409 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Three Zee, LLC**

Mailing Address 1146 W Grand Ave

City	State	Zip Code
Chicago	IL	60642-5807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

**Transaction ID : VQCFK9KPGH6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period  
 250.00

LLC - Members below if itemized. Permissible funds.

**B.** Full Name (Last, First, Middle Initial)  
**Aamer Ghaffar**

Mailing Address 1146 W Grand Ave

City	State	Zip Code
Chicago	IL	60642-5807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Three Zee LLC Principal

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

**Transaction ID : VQCFK9KRCW1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Paul A. Tiburzi Esq.**

Mailing Address 14 Country Club Ln

City	State	Zip Code
Phoenix	MD	21131-1836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DLA Piper Managing Partner of Baltimore Office

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

**Transaction ID : VQCFK9KQES2**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period  
 250.00

**Subtotal Of Receipts This Page (optional)**.....▶ **500.00**

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**E Tietsworth**

Mailing Address 5071 Key Largo

City	State	Zip Code
Punta Gorda	FL	33950

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMRF1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			27			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Charles G. Tildon III**

Mailing Address 5616 Cross Country Blvd

City	State	Zip Code
Baltimore	MD	21209-4418

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
United Way of Maryland	Director

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK508**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			24			2015			

Amount of Each Receipt this Period

<input type="text" value="1200.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Chris Timura**

Mailing Address 127 N. Edgewood St

City	State	Zip Code
Arlington	VA	22201

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Akin Gump Strauss Halier & Field LLP	Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNTK5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			15			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Jacques Tohme**

Mailing Address 105 Fairmount Rd

City State Zip Code  
Ridgewood NJ 07450-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Amerocap LLC Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

**Transaction ID : VQCFK9KMQ91**

Date of Receipt

/  /

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
**Jacques Tohme**

Mailing Address 105 Fairmount Rd

City State Zip Code  
Ridgewood NJ 07450-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Amerocap LLC Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

**Transaction ID : VQCFK9KMX38**

Date of Receipt

/  /

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
**Jacques Tohme**

Mailing Address 105 Fairmount Rd

City State Zip Code  
Ridgewood NJ 07450-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Amerocap LLC Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

**Transaction ID : VQCFK9KQ7K1**

Date of Receipt

/  /

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page** (optional).....▶

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth A. Toltz**

Mailing Address 2105 Vassar Dr

City Boulder	State CO	Zip Code 80305-5608
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer Self	Occupation Political Consultant
--------------------------	------------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNY46**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Torres**

Mailing Address 3060 Q ST NW

City Washington	State DC	Zip Code 20007
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Washington Global	Occupation Director
---------------------------------------	------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKC42**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**LISA TOTIN**

Mailing Address 27 GLEN LAKE DR

City Medford	State NJ	Zip Code 08055
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer OCCUPATIONAL TRAINING CENTER	Occupation Administrator
--	-----------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM4Q1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Regina Trakhtman**

Mailing Address 2197 ridge road

City State Zip Code  
Reisterstown MD 21136

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Trak Homes Sales

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP2R3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			21			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Paul C. Trane**

Mailing Address 530 Atlantic Ave  
Apt 701

City State Zip Code  
Boston MA 02210-2239

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Telecommunications Insight Group Inc. Principal

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP7W3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period

<input type="text" value="2600.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Ted J. Trimpa**

Mailing Address 1111 Race St  
Unit B

City State Zip Code  
Denver CO 80206-2834

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Trimpa Group Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPAY6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			26			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michelle Trone**

Mailing Address 11417 Skipwith Ln

City	State	Zip Code
Potomac	MD	20854

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Wharton MBA/SAIS MA	Student

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KK8Z6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

_____	30.00
-------	-------

**B.** Full Name (Last, First, Middle Initial)  
**Robert J Trone**

Mailing Address 11417 Skipwith Ln

City	State	Zip Code
Potomac	MD	20854-1640

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Student	Student

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : VQCFK9KJVT1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

_____	2700.00
-------	---------

**C.** Full Name (Last, First, Middle Initial)  
**Troyer Advisors, LLC**

Mailing Address 360 Cumberland Pkwy

City	State	Zip Code
Mechanicsburg	PA	17055-5674

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KP4S4**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Amount of Each Receipt this Period

_____	500.00
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LLC - Members below if itemized. Permissible funds.

**Subtotal Of Receipts This Page** (optional).....▶ 

_____	3230.00
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**Total This Period** (last page this line number only).....▶ 

_____	
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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kacey Troyer**

Mailing Address 360 Cumberland Pkwy

City	State	Zip Code
Mechanicsburg	PA	17055-5674

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Troyer Advisors, LLC	Principal

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KRCT5**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Lauren Tucker**

Mailing Address 2620 E Clay St

City	State	Zip Code
Richmond	VA	23223-7308

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Cooler Heads Intelligence	Marketing Analytics

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KMW85**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			30			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Knox W. Tull Jr.**

Mailing Address 2805 33rd St SE

City	State	Zip Code
Washington	DC	20020-1413

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Jackson and Tull	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KKQN1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1500.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Mark H. Tuohey III**

Mailing Address 1655 Kalmia Rd NW

City	State	Zip Code
Washington	DC	20012-1125

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Offices of the Mayor	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

**Transaction ID : VQCFK9KPWG3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 1000.00
---------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Ronald Turiello**

Mailing Address 878 Edgewood Road

City	State	Zip Code
Redwood City	CA	94062

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Woodside Counsel, PC	Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : VQCFK9KMCZ2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 2200.00
---------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Ralph S. Tyler III**

Mailing Address 205 Gittings Ave  
Apt T3

City	State	Zip Code
Baltimore	MD	21212-2504

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Venable LLP	Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : VQCFK9KME42**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 2700.00
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**Subtotal Of Receipts This Page** (optional).....  5900.00

**Total This Period** (last page this line number only).....



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Joyce Ulrich**

Mailing Address 10114 Hobsons Choice Ln

City Ellicott City State MD Zip Code 21042-1618

FEC ID number of contributing federal political committee. **C**

Name of Employer ICMA-RC Occupation Chief Technology Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)   
 Election Cycle-to-Date **249.00**

**Transaction ID : VQCFK9KK589**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 24 / 2015**

Amount of Each Receipt this Period  
**249.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joyce Ulrich**

Mailing Address 10114 Hobsons Choice Ln

City Ellicott City State MD Zip Code 21042-1618

FEC ID number of contributing federal political committee. **C**

Name of Employer ICMA-RC Occupation Chief Technology Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)   
 Election Cycle-to-Date **2700.00**

**Transaction ID : VQCFK9KPJ56**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2015**

Amount of Each Receipt this Period  
**2451.00**

**C.** Full Name (Last, First, Middle Initial)  
**Tim Urban**

Mailing Address 214 Foster Drive

City Des Moines State IA Zip Code 50312

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)   
 Election Cycle-to-Date **55.00**

**Transaction ID : VQCFK9KNQT4**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 14 / 2015**

Amount of Each Receipt this Period  
**5.00**

**Subtotal Of Receipts This Page** (optional)..... **2705.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Tim Urban</b>		<b>Transaction ID : VQCFK9KPHP8</b>	
Mailing Address 214 Foster Drive		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2015	
City Des Moines	State IA	Zip Code 50312	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Retired	Election Cycle-to-Date 155.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Tim Urban</b>		<b>Transaction ID : VQCFK9KQ251</b>	
Mailing Address 214 Foster Drive		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015	
City Des Moines	State IA	Zip Code 50312	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Retired	Election Cycle-to-Date 255.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Philip Urofsky</b>		<b>Transaction ID : VQCFK9KPAV2</b>	
Mailing Address 4710 Glen Brook Park way		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2015	
City Bethesda	State MD	Zip Code 20814	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Lawyer	Occupation Sherman and Serling	Election Cycle-to-Date 250.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**Subtotal Of Receipts This Page (optional)**.....▶ 450.00

**Total This Period (last page this line number only)**.....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Ashley R Valis**

Mailing Address 674 Washington Blvd

City	State	Zip Code
Baltimore	MD	21230-2216

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Gov. O'Malley's Office	Assistant Chief of Staff

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPV71**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="200.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Van Coverden**

Mailing Address 7501 Wisconsin Ave  
Ste 1100W

City	State	Zip Code
Bethesda	MD	20814-6593

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
National Association of Community Heal	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNVP1**

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**William C Van Faasen**

Mailing Address 12 Proctor St

City	State	Zip Code
Manchester	MA	01944-1446

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJJJ7**

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Mark Van Fossan**

Mailing Address 26 Loantaka Ln N

City State Zip Code  
Morristown NJ 07960-7021

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Amherst Media Advertising executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KHZ06**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Marisa Van Saanen**

Mailing Address 7707 Wisconsin Ave.  
#1014

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Skadden lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJXH4**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Marisa Van Saanen**

Mailing Address 7707 Wisconsin Ave.  
#1014

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Skadden lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM4D4**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**H. Stewart Van Scoyoc**

Mailing Address 131 Yarnick Rd

City	State	Zip Code
Great Falls	VA	22066-3525

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Van Scoyoc Companies	President / CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KRC90**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Anne Van Scoyoc**

Mailing Address 131 Yarnick Rd

City	State	Zip Code
Great Falls	VA	22066-3525

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Van Scoyoc Associates	Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNX35**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Shawn VanDiver**

Mailing Address 1032 Pennsylvania Ave

City	State	Zip Code
San Diego	CA	92103

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
VanDiver Consulting	Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJPN0**

Date of Receipt  
M M / D D / 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).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Steven VanGrack**

Mailing Address **2273 Research Blvd  
Ste 200**

City **Rockville** State **MD** Zip Code **20850-3283**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Steven Vangrack Law** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KNNH9**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 12 / 2015**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Katrina Veerhusen**

Mailing Address **189 E Lake Shore Dr**

City **Chicago** State **IL** Zip Code **60611-1306**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KNDB3**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 09 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**J. Craig Venter**

Mailing Address **7510 Hillside Drive**

City **La Jolla** State **CA** Zip Code **92037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Human Longevity, Inc.** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KJPS1**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 14 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**Subtotal Of Receipts This Page** (optional)..... **3950.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Vernon**

Mailing Address 4940 Oak Island Rd

City State Zip Code  
Belle Isle FL 32809-3548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Vernon David & Associates Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KPWE8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Lauren Vidas**

Mailing Address 1508 Montrose Street

City State Zip Code  
Philadelphia PA 19146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hazzouri and Associates Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNAP4**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Visoiu**

Mailing Address 1710 N 41st Ave

City State Zip Code  
Hollywood FL 33021-4217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Daniel F. Visoiu Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : VQCFK9KPR26**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2015

Amount of Each Receipt this Period  
150.00

**Subtotal Of Receipts This Page** (optional).....▶ 900.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Hon. William Vodrey**

Mailing Address 2868 Chadbourne Rd

City	State	Zip Code
Cleveland	OH	44120-2215

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Cleveland Municipal Court	Magistrate

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VQCFK9KNAV3

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Judith Wagner**

Mailing Address 63 French Road

City	State	Zip Code
Gilmanton	NH	03237

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VQCFK9KNDS4

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Judith Wagner**

Mailing Address 63 French Road

City	State	Zip Code
Gilmanton	NH	03237

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VQCFK9KPBC6

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			26			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
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Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Collin Wallace**

Mailing Address 56 Guy Place

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Life Made Mobile, LLC. Self Employed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KM9J3**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
08 18 2015

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**Collin Wallace**

Mailing Address 56 Guy Place

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Life Made Mobile, LLC. Self Employed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
295.00

**Transaction ID : VQCFK9KMCF5**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
08 19 2015

Amount of Each Receipt this Period

45.00

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Wallas**

Mailing Address 3148 Belleview Ave

City State Zip Code  
Cheverly MD 20785-1211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Friends of Rush Baker Campaign Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPP87**

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
09 29 2015

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page** (optional)..... **795.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis Walto**

Mailing Address 1313 L St NW  
Ste 220

City Washington State DC Zip Code 20005-4144

FEC ID number of contributing federal political committee. **C**

Name of Employer International Medical Corps Occupation Senior Advisor, Innovations and Revenue

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 600.00

**Transaction ID : VQCFK9KKQC0**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2015

Amount of Each Receipt this Period  
200.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 18027.32

**Transaction ID : VQCFK9KKQC0E**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2015

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Dennis Walto**

Mailing Address 1313 L St NW  
Ste 220

City Washington State DC Zip Code 20005-4144

FEC ID number of contributing federal political committee. **C**

Name of Employer International Medical Corps Occupation Senior Advisor, Innovations and Revenue

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 800.00

**Transaction ID : VQCFK9KMS96**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2015

Amount of Each Receipt this Period  
200.00

\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page** (optional)..... 400.00

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KMS96E**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2015

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Dennis Walto**

Mailing Address 1313 L St NW  
Ste 220

City Washington State DC Zip Code 20005-4144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Senior Advisor, Innovations and Revenue

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KPRS7**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period  
200.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KPRS7E**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2015

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**Subtotal Of Receipts This Page** (optional)..... 200.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Leigh Walton**

Mailing Address **150 3rd Avenue South  
Suite 2800**

City **Nashville** State **TN** Zip Code **37201**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Bass Berry** Occupation **Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KKE71**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 28 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Lin Yu Wang**

Mailing Address **1717 Ala Wai Blvd  
Apt 3104**

City **Honolulu** State **HI** Zip Code **96815-1542**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Hawaii LED Star LLC** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KNNZ0**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 12 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Anthony Wash**

Mailing Address **603 38th Street NE**

City **Washington** State **DC** Zip Code **20019**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Executive** Occupation **A1 Plumbing**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KPFT4**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 28 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **8100.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Marie J Washington**

Mailing Address 1509 SW Jefferson Ave

City State Zip Code  
Lawton OK 73501-7219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KP0E8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Amy Waters**

Mailing Address 2950 Village Circle

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Data Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
125.00

**Transaction ID : VQCFK9KKPF1**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2015

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**Amy Waters**

Mailing Address 2950 Village Circle

City State Zip Code  
Chanhassen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Data Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
150.00

**Transaction ID : VQCFK9KKR46**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

Amount of Each Receipt this Period  
25.00

\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page** (optional)..... 550.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KKR46E**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

Amount of Each Receipt this Period  
25.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Amy Waters**

Mailing Address 2950 Village Circle

City Chanhassen State MN Zip Code 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Data Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
160.00

**Transaction ID : VQCFK9KM5Z7**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2015

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**Amy Waters**

Mailing Address 2950 Village Circle

City Chanhassen State MN Zip Code 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Optum Data Analyst

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
185.00

**Transaction ID : VQCFK9KNKH3**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2015

Amount of Each Receipt this Period  
25.00

\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page** (optional).....▶ 35.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City	State	Zip Code
Cambridge	MA	02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNKH3E**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2015			

Amount of Each Receipt this Period

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Amy Waters**

Mailing Address 2950 Village Circle

City	State	Zip Code
Chanassen	MN	55317

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Optum	Data Analyst

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQ0H0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**John Watson**

Mailing Address 300 Harvest Lane

City	State	Zip Code
Wexford	PA	15090

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Fourth River Development LLC	Commercial Real Estate

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNEW0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			10			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Nathaniel Webster**

Mailing Address 137 Montgomery Dr

City	State	Zip Code
Harleysville	PA	19438-2131

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Warrior Diamond, Inc.	CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNFP6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Leonard Weinberg II**

Mailing Address 12208 Cleghorn Rd

City	State	Zip Code
Cockeysville	MD	21030-2225

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Vanguard Equities, Inc.	Owner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPEK8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Beverly G Weinman**

Mailing Address 3521 Old Court Rd

City	State	Zip Code
Baltimore	MD	21208-3124

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
n/a	Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KK5G2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
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**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth P Weinman**

Mailing Address **610 Hillstead Dr**

City	State	Zip Code
Lutherville	MD	21093-4764

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Yahoo Sports Radio Network	Sports Radio Host

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPRJ2**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark S Weinman**

Mailing Address **618 Valley Ln**

City	State	Zip Code
Towson	MD	21286-7311

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Maryland Manufactured Housing Coalitio	President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KPRG6**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Morris M. Weinman**

Mailing Address **3521 Old Court Rd**

City	State	Zip Code
Baltimore	MD	21208-3124

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
The Morris Weinman Company	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KK5E6**

Date of Receipt  
MM / DD / YYYY  
**07 / 24 / 2015**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 3700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Weiss**

Mailing Address 404 S Irving Blvd  
Ste 2980

City Los Angeles State CA Zip Code 90020-4726

FEC ID number of contributing federal political committee. **C**

Name of Employer Angeleno Group Occupation Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

**Transaction ID : VQCFK9KKHF1**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Christopher Wells**

Mailing Address 155 E 38th St  
Apt 16K

City New York State NY Zip Code 10016-2674

FEC ID number of contributing federal political committee. **C**

Name of Employer Proskauer Rose LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

**Transaction ID : VQCFK9KKM90**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2015

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Wells**

Mailing Address 155 E 38th St  
Apt 16K

City New York State NY Zip Code 10016-2674

FEC ID number of contributing federal political committee. **C**

Name of Employer Proskauer Rose LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

**Transaction ID : VQCFK9KMZ16**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2015

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 700.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Wells**

Mailing Address 155 E 38th St  
Apt 16K

City State Zip Code  
New York NY 10016-2674

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Proskauer Rose LLP Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
900.00

**Transaction ID : VQCFK9KQC42**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

850.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Wells**

Mailing Address 201 Autumn Leaf Place

City State Zip Code  
Annapolis MD 21401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Innovation Intelligence Founder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KN661**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

Amount of Each Receipt this Period

250.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Todd Wesche**

Mailing Address 539 NE 21st Ct

City State Zip Code  
Wilton Manors FL 33305-2175

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LaVan & Neidenberg, P.A. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KN6D6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period

500.00
--------

**Subtotal Of Receipts This Page** (optional).....▶ 

850.00
--------

**Total This Period** (last page this line number only).....▶ 

850.00
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# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Ashley Wessinger**

Mailing Address **575 Marina Blvd**

City **San Francisco** State **CA** Zip Code **94123-1021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **n/a** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KQPN9**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 13 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Minott Wessinger**

Mailing Address **575 Marina Blvd**

City **San Francisco** State **CA** Zip Code **94123**

FEC ID number of contributing federal political committee. **C**

Name of Employer **McKenzie River Corporation** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : VQCFK9KM3V2**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 13 / 2015**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jacqueline I Whisman**

Mailing Address **1636 Massachusetts Ave SE  
Unit 1**

City **Washington** State **DC** Zip Code **20003-1650**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ITIF** Occupation **Director**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**300.00**

**Transaction ID : VQCFK9KPVT2**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**100.00**

**Subtotal Of Receipts This Page** (optional)..... **5500.00**

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Joshua M. White**

**Transaction ID : VQCFK9KPDF3**

Mailing Address 126 Locust Ln

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

City	State	Zip Code
Annapolis	MD	21403-3922

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

1500.00

Name of Employer	Occupation
Perry, White, Ross & Jacobson, LLC	Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Wick**

**Transaction ID : VQCFK9KMBT0**

Mailing Address 555 Byron St.  
310

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

City	State	Zip Code
Palo Alto	CA	94301

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

1700.00

Name of Employer	Occupation
self	Rancher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Rebecca Lee Wiggs**

**Transaction ID : VQCFK9KKR6**

Mailing Address 917 Arlington St

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2015			

City	State	Zip Code
Jackson	MS	39202-1621

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

100.00

Name of Employer	Occupation
Watkins & Eager, PLLC.	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

\* Earmarked Contribution: See Below

Subtotal Of Receipts This Page (optional)..... **2300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KKRJ6E**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Rebecca Lee Wiggs**

Mailing Address 917 Arlington St

City Jackson State MS Zip Code 39202-1621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Watkins & Eager, PLLC. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : VQCFK9KNKM7**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2015

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KNKM7E**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**Subtotal Of Receipts This Page** (optional).....▶ 100.00

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**David Wildberger**

Mailing Address 5932 snowdens run rd

City	State	Zip Code
Sykesville	MD	21784

FEC ID number of contributing federal political committee.

Name of Employer  
iliff, meredith, wildberger & brennan,

Occupation  
attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPWK7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Maureen J. Williams**

Mailing Address 711 Harrisburg Dr.

City	State	Zip Code
Davidsonville	MD	21035

FEC ID number of contributing federal political committee.

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJND6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Maureen J. Williams**

Mailing Address 711 Harrisburg Dr.

City	State	Zip Code
Davidsonville	MD	21035

FEC ID number of contributing federal political committee.

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQP86**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

Amount of Each Receipt this Period

<input type="text" value="200.00"/>
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\* Earmarked Contribution: See Below

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18027.32

**Transaction ID : VQCFK9KQP86E**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 09 / 2015

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Maureen J. Williams**

Mailing Address 711 Harrisburg Dr.

City Davidsonville State MD Zip Code 21035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
410.00

**Transaction ID : VQCFK9KME68**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2015

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**Maureen J. Williams**

Mailing Address 711 Harrisburg Dr.

City Davidsonville State MD Zip Code 21035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1410.00

**Transaction ID : VQCFK9KN019**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 1010.00

**Total This Period** (last page this line number only).....▶



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Stockton Strawbridge Williams**

Mailing Address 2819 Q St NW

City	State	Zip Code
Washington	DC	20007-3073

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Urban Land Institute	Vice President for Public Policy

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPZF2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Gail S. Willoughby**

Mailing Address 3501 Nicholson Rd

City	State	Zip Code
Westminster	MD	21157-8237

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KRBF5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Morgan Wills**

Mailing Address 2700 Barton Ave

City	State	Zip Code
Nashville	TN	37212-4118

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Siloam Family Health Center	Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM3P3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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**Subtotal Of Receipts This Page (optional)**.....

**Total This Period (last page this line number only)**.....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Wilson**

Mailing Address 470 Mill Rd  
Apt 209

City Magnolia State KY Zip Code 42757

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KY House of Representatives Leadership staff

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPCY9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Takirra A Winfield Dixon**

Mailing Address 6239 Deep River Cyn

City Columbia State MD Zip Code 21045-2572

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Martin O'Malley Spokeswoman

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKGJ2**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Brian L. Wingenroth**

Mailing Address 9 N Port St

City Baltimore State MD Zip Code 21224-1055

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of Maryland Software Architect

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KP229**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 443 / 772

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Dave Winters**

Mailing Address 12502 Miller Ave

City	State	Zip Code
Saratoga	CA	95070

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Juniper Networks, Inc.	Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMCJ9**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Philip Wiser**

Mailing Address 1 Oakledge Rd

City	State	Zip Code
Bronxville	NY	10708

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Hearst Corporation	Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQ804**

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Barry Wolff**

Mailing Address 3149 Dundee Rd.  
159

City	State	Zip Code
Northbrook	IL	60062

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Barry Wolff & Associates, Unc.	Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJZC8**

Date of Receipt  
M M / D D / 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).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Barry Wolff**

Mailing Address **3149 Dundee Rd.  
159**

City **Northbrook** State **IL** Zip Code **60062**

FEC ID number of contributing federal political committee.

Name of Employer **Barry Wolff & Associates, Unc.** Occupation **Business Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KM248**

Date of Receipt  
M M / D D / Y Y Y Y  
 /  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Barry Wolff**

Mailing Address **3149 Dundee Rd.  
159**

City **Northbrook** State **IL** Zip Code **60062**

FEC ID number of contributing federal political committee.

Name of Employer **Barry Wolff & Associates, Unc.** Occupation **Business Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMY21**

Date of Receipt  
M M / D D / Y Y Y Y  
 /  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Barry Wolff**

Mailing Address **3149 Dundee Rd.  
159**

City **Northbrook** State **IL** Zip Code **60062**

FEC ID number of contributing federal political committee.

Name of Employer **Barry Wolff & Associates, Unc.** Occupation **Business Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KND08**

Date of Receipt  
M M / D D / 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)**.....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Malcolm Wolff**

Mailing Address 1036 Sugar Maple Drive

City Davidsonville State MD Zip Code 21035

FEC ID number of contributing federal political committee. **C**

Name of Employer AEE Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KP2H7**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2015

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ben Wollenzien**

Mailing Address 405 Oak St

City Decorah State IA Zip Code 52101

FEC ID number of contributing federal political committee. **C**

Name of Employer Fastenal Occupation General Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KJC85**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 05 / 2015

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kevan Worley**

Mailing Address 263 Pyrite Terrace

City Colorado Springs State CO Zip Code 80905

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Self

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KNC47**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

Amount of Each Receipt this Period  
1000.00

**Subtotal Of Receipts This Page** (optional).....▶ 2000.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Worley**

Mailing Address **9570 Basket Ring Rd**

City	State	Zip Code
Columbia	MD	21045-3420

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : VQCFK9KPVH0**

Date of Receipt

**09 / 30 / 2015**

Amount of Each Receipt this Period

200.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert D Wray**

Mailing Address **2415 foster ave  
Third floor**

City	State	Zip Code
Baltimore	MD	21224

FEC ID number of contributing federal political committee. **C**

Name of Employer whitebox.co	Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : VQCFK9KN1K2**

Date of Receipt

**09 / 02 / 2015**

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Wright**

Mailing Address **6324 Canterbury Close**

City	State	Zip Code
Brentwood	TN	37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Advisory Board	Occupation Health Care Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KKVB7**

Date of Receipt

**08 / 10 / 2015**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page** (optional).....▶ **950.00**

**Total This Period** (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Tom Wyatt**

Mailing Address 1313 S 11th St

City	State	Zip Code
Philadelphia	PA	19147

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Dilworth Paxson	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KKWM1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Wyman**

Mailing Address 3701 Roland ave

City	State	Zip Code
Baltimore	MD	21211

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Cigna	Health care screener

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KPJZ0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Suzan Wynne**

Mailing Address 3128 Gracefield Rd  
Apt 407

City	State	Zip Code
Silver Spring	MD	20904-5840

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
self	Social Worker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KJ2G9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Wan Ye**

Mailing Address 17 Brookridge Dr

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KP5E0**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2015

Amount of Each Receipt this Period

5.00

**B.** Full Name (Last, First, Middle Initial)  
**Wan Ye**

Mailing Address 17 Brookridge Dr

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KP5F8**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2015

Amount of Each Receipt this Period

2695.00

**C.** Full Name (Last, First, Middle Initial)  
**Steve Yelich**

Mailing Address 5055 S Dale Mabry Hwy  
Apt 531

City State Zip Code  
Tampa FL 33611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Premier Beverage Company Professional Driver

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.16

**Transaction ID : VQCFK9KK4H9**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 24 / 2015

Amount of Each Receipt this Period

25.00

**Subtotal Of Receipts This Page** (optional).....▶ 2725.00

**Total This Period** (last page this line number only).....▶



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Yerman**

Mailing Address 6717 Newstead Lane

City State Zip Code  
Baltimore MD 21209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Real Estate Berkshire Hathaway

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KM9Q2**

Date of Receipt

/  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Yost**

Mailing Address 13510 bella Notte Way

City State Zip Code  
Clarksville MD 21029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Yost legal Group Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KMQM8**

Date of Receipt

/  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Charles Zammuto**

Mailing Address 11 Placid Rd

City State Zip Code  
Newton Center MA 02459-2608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Legacy Construction President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : VQCFK9KNAF8**

Date of Receipt

/  /

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Simonne Zarbin**

Mailing Address 1035 Omar Dr

City	State	Zip Code
Crownsville	MD	21032

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NA	Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 /  /  **2700.00**

**Transaction ID : VQCFK9KKJM1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

**2450.00**

**B.** Full Name (Last, First, Middle Initial)  
**Carl Zeithaml**

Mailing Address 214 Sprigg Lane

City	State	Zip Code
Charlottesville	VA	22903

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
University of Virginia	Dean/Professor

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 /  /  **215.00**

**Transaction ID : VQCFK9KMC5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	5

Amount of Each Receipt this Period

**15.00**

**C.** Full Name (Last, First, Middle Initial)  
**Cameron Zelaya**

Mailing Address 321 Pearl St.

City	State	Zip Code
Dekalb	IL	60115

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
DeKalb County Health Department	In-Person Counselor

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 /  /  **525.00**

**Transaction ID : VQCFK9KNVZ2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	5

Amount of Each Receipt this Period

**500.00**

**Subtotal Of Receipts This Page** (optional).....  **2965.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Zeller**

Mailing Address 811 N Tumbleweed Trl

City State Zip Code  
Austin TX 78733-3243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

**Transaction ID : VQCFK9KJC79**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 05 / 2015

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles Zeller**

Mailing Address 811 N Tumbleweed Trl

City State Zip Code  
Austin TX 78733-3243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
150.00

**Transaction ID : VQCFK9KK1B5**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2015

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles Zeller**

Mailing Address 811 N Tumbleweed Trl

City State Zip Code  
Austin TX 78733-3243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

**Transaction ID : VQCFK9KKN75**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2015

Amount of Each Receipt this Period  
50.00

**Subtotal Of Receipts This Page** (optional)..... 200.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Zeller**

Mailing Address **811 N Tumbleweed Trl**

City State Zip Code  
**Austin TX 78733-3243**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Retired Engineer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**225.00**

**Transaction ID : VQCFK9KNCM4**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 09 / 2015**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Boris Zemtsov**

Mailing Address **301 Lacour Way  
Apt 1105**

City State Zip Code  
**Redwood City CA 94061**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**UNDP Development Work**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**100.00**

**Transaction ID : VQCFK9KMDF8**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 19 / 2015**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Boris Zemtsov**

Mailing Address **301 Lacour Way  
Apt 1105**

City State Zip Code  
**Redwood City CA 94061**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**UNDP Development Work**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**600.00**

**Transaction ID : VQCFK9KNVY5**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 16 / 2015**

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **625.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Amy Ziering</b>		<b>Transaction ID : VQCFK9KPDx4</b>	
Mailing Address <b>11922 Saltair Terrace Ste 1010</b>		Date of Receipt MM / DD / YYYY <b>09 / 28 / 2015</b>	
City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90049</b>	Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date <b>1100.00</b>	
Name of Employer <b>Self</b>	Occupation <b>Filmmaker</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Joe Zillo</b>		<b>Transaction ID : VQCFK9KJX59</b>	
Mailing Address <b>327 Branch Drive Branch drive</b>		Date of Receipt MM / DD / YYYY <b>07 / 18 / 2015</b>	
City <b>Silver Spring</b>	State <b>MD</b>	Zip Code <b>20901</b>	Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date <b>500.00</b>	
Name of Employer <b>Retired/Semi_Retired</b>	Occupation <b>Pro Bono Consultant/Independent Consul</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Joseph A. Zillo</b>		<b>Transaction ID : VQCFK9Kkkk6</b>	
Mailing Address <b>327 Branch Drive</b>		Date of Receipt MM / DD / YYYY <b>07 / 31 / 2015</b>	
City <b>Silver Spring</b>	State <b>MD</b>	Zip Code <b>20901</b>	Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date <b>300.00</b>	
Name of Employer <b>N/a</b>	Occupation <b>Retired</b>		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**Subtotal Of Receipts This Page** (optional).....▶ **1200.00**

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Perry V. Zizzi-Caradja**

Mailing Address **Str. Turnescu, nr. 11  
Sector 5**

City **Bucharest** State **Bu** Zip Code **050467**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Dentons Europe -- Todor si Asociatii S** Occupation **attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : VQCFK9KMWT7**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 31 / 2015**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Unitemized total**

Mailing Address **n/a**

City **n/a** State **DC** Zip Code **00000**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**142826.35**

**Transaction ID : AAAAAA1**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 30 / 2015**

Amount of Each Receipt this Period  
**142826.35**

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional)..... **250.00**

**Total This Period** (last page this line number only)..... **1062922.02**

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Blarney PAC**

Mailing Address Po Box 65136

City	State	Zip Code
Philadelphia	PA	19155

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNVM6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Citizens for Frosh**

Mailing Address 6400 Ruffin Rd

City	State	Zip Code
Chevy Chase	MD	20815-5323

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KMSY2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="990.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Committee For Kamenetz**

Mailing Address 8-1 Key highway  
Unit T50

City	State	Zip Code
Baltimore	MD	21230

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KNST7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="999.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Committee to Elect Joseph A Curtatone**

Mailing Address 130 Ten Hills Rd

City	State	Zip Code
Somerville	MA	02145-1033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KNA91**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2015			

Amount of Each Receipt this Period

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
									1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DUANE MORRIS GOVERNMENT COMMITTEE**

Mailing Address 30 S 17th St

City	State	Zip Code
Philadelphia	PA	19103-4016

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 4000.00

**Transaction ID : VQCFK9KJM18**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			10			2015			

Amount of Each Receipt this Period

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
									4000.00

**C.** Full Name (Last, First, Middle Initial)  
**Friends For Grace G Connolly**

Mailing Address 8328 Bletzer Rd

City	State	Zip Code
Baltimore	MD	21222-2829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : VQCFK9KPWQ9**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
									500.00

**Subtotal Of Receipts This Page** (optional).....▶ 

_____	_____	_____	_____	_____	_____	_____	_____	_____	5500.00
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**Total This Period** (last page this line number only).....▶ 

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Friends for John Olszewski</b>		<b>Transaction ID : VQCFK9KQB42</b>	
Mailing Address 11902 Bluestone Rd		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015	
City Kingsville	State MD	Zip Code 21087-1508	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer		Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value=""/>	
		Amount of Each Receipt this Period <input type="text" value=""/> 999.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Friends of George Leventhal</b>		<b>Transaction ID : VQCFK9KNVS5</b>	
Mailing Address PO Box 30096		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2015	
City Bethesda	State MD	Zip Code 20824-0096	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer		Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value=""/> 400.00	
		Amount of Each Receipt this Period <input type="text" value=""/> 400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Friends of Karen Lewis Young</b>		<b>Transaction ID : VQCFK9KKAK7</b>	
Mailing Address PO Box 3662		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2015	
City Frederick	State MD	Zip Code 21705-3662	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer		Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value=""/> 250.00	
		Amount of Each Receipt this Period <input type="text" value=""/> 250.00	

**Subtotal Of Receipts This Page** (optional).....  1649.00

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Liam Davis**

Mailing Address **623 S Macon St**

City **Baltimore** State **MD** Zip Code **21224-4413**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**135.00**

**Transaction ID : VQCFK9KN584**

Date of Receipt

**09 / 03 / 2015**

Amount of Each Receipt this Period

**135.00**

**B.** Full Name (Last, First, Middle Initial)  
**Friends Of Mike Driscoll**

Mailing Address **8344 Torresdale Ave**

City **Philadelphia** State **PA** Zip Code **19136-2934**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : VQCFK9KNNM3**

Date of Receipt

**09 / 12 / 2015**

Amount of Each Receipt this Period

**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Ron Young**

Mailing Address **2219 Parish Ln**

City **Frederick** State **MD** Zip Code **21701-9331**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : VQCFK9KKAH1**

Date of Receipt

**07 / 27 / 2015**

Amount of Each Receipt this Period

**250.00**

**Subtotal Of Receipts This Page** (optional)..... **1385.00**

**Total This Period** (last page this line number only).....

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Tom Hucker**

Mailing Address 238 Park Ave

City State Zip Code  
Takoma Park MD 20912-4307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
999.00

**Transaction ID : VQCFK9KNNJ7**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period  
999.00

**B.** Full Name (Last, First, Middle Initial)  
**Green for Philadelphia**

Mailing Address PO Box 58247

City State Zip Code  
Philadelphia PA 19102-8247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
999.00

**Transaction ID : VQCFK9KNNN1**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period  
999.00

**C.** Full Name (Last, First, Middle Initial)  
**MAXIMUS INC POLITICAL ACTION COMMITTEE (MAXPAC)**

Mailing Address 1891 Metro Center Dr

City State Zip Code  
Reston VA 20190-5287

FEC ID number of contributing federal political committee. **C** C00343707

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : VQCFK9KP4C2**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 4698.00

**Total This Period** (last page this line number only).....▶

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**O'NEILL AND ASSOCIATES PAC**

Mailing Address 31 New Chardon St

City Boston State MA Zip Code 02114-4701

FEC ID number of contributing federal political committee. **C** C00362210

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KN9W0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2015			

Amount of Each Receipt this Period

500.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**O'NEILL AND ASSOCIATES PAC**

Mailing Address 31 New Chardon St

City Boston State MA Zip Code 02114-4701

FEC ID number of contributing federal political committee. **C** C00362210

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : VQCFK9KN9X8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2015			

Amount of Each Receipt this Period

500.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**PHILADELPHIA FEDERAL CREDIT UNION PAC (PFCU-PAC)**

Mailing Address 12800 Townsend Rd

City Philadelphia State PA Zip Code 19154-1095

FEC ID number of contributing federal political committee. **C** C00360206

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : VQCFK9KNNK5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2015			

Amount of Each Receipt this Period

1000.00
---------

**Subtotal Of Receipts This Page** (optional).....

2000.00
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**Total This Period** (last page this line number only).....

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# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

16     17a     17b     17c     17d     18  
 19a     19b     20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**PHILADELPHIA FEDERAL CREDIT UNION PAC (PFCU-PAC)**

Mailing Address 12800 Townsend Rd

City Philadelphia State PA Zip Code 19154-1095

FEC ID number of contributing federal political committee. **C** C00360206

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : VQCFK9KNP49**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2015

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Steve Lafferty for Delegate Committee**

Mailing Address 803 Oak Hill Ct

City Idlerylde State MD Zip Code 21239-1320

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

249.00

**Transaction ID : VQCFK9KMMM1**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2015

Amount of Each Receipt this Period  
249.00

**C.** Full Name (Last, First, Middle Initial)  
**SWALWELL FOR CONGRESS**

Mailing Address PO Box 2847

City Dublin State CA Zip Code 94568-0847

FEC ID number of contributing federal political committee. **C** C00502294

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : VQCFK9KPMM9**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2015

Amount of Each Receipt this Period  
2000.00

Subtotal Of Receipts This Page (optional).....▶

3249.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Tavern PAC**

Mailing Address 121 Pine St

City	State	Zip Code
Harrisburg	PA	17101-1247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 999.00

**Transaction ID : VQCFK9KNNR4**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 999.00

**B.** Full Name (Last, First, Middle Initial)  
**The O'Malley Committee**

Mailing Address 1385 Centre St

City	State	Zip Code
West Roxbury	MA	02132-7714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : VQCFK9KNAN6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 900.00

**C.** Full Name (Last, First, Middle Initial)  
**THIN BLUE LINE POLITICAL ACTION COMMITTEE; THE**

Mailing Address PO Box 9112

City	State	Zip Code
Reston	VA	20195-3012

FEC ID number of contributing federal political committee. **C** C00481697

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 508.05

**Transaction ID : VQCFK9KKG75**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			28			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 508.05

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 2407.05

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP

Mailing Address 3 Park Pl

City Annapolis State MD Zip Code 21401-3687

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : VQCFK9KQFD0**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2015

Amount of Each Receipt this Period  
 5000.00

**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

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

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....▶ 5000.00

**Total This Period** (last page this line number only).....▶ 28377.05

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A.** Full Name (Last, First, Middle Initial)  
**Dominion Payroll Services**

Mailing Address 306 E Main St

City Richmond State VA Zip Code 23219-3820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5028.81

**Transaction ID : VQCFK9KQQD8**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2015

Amount of Each Receipt this Period  
5028.81

**B.** Full Name (Last, First, Middle Initial)  
**Dominion Payroll Services**

Mailing Address 306 E Main St

City Richmond State VA Zip Code 23219-3820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8861.10

**Transaction ID : VQCFK9KQQE6**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

Amount of Each Receipt this Period  
3832.29

**C.** Full Name (Last, First, Middle Initial)  
**O' Say Can You See - Federal PAC**

Mailing Address PO Box 468

City Annapolis State MD Zip Code 21404-0468

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
39834.40

**Transaction ID : VQCFK9KQM67**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2015

Amount of Each Receipt this Period  
39834.40

**Subtotal Of Receipts This Page** (optional).....▶ 48695.50

**Total This Period** (last page this line number only).....▶ 48695.50



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. 1046 Northpoint, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1046 Northpoint Rd		<b>Transaction ID : VQBGB9HJRT0</b>
City Baltimore	State MD	
Purpose of Disbursement Office Rent	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1835.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. 223 South Willow Street LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 223 S Willow St		<b>Transaction ID : VQBGB9HJSM6</b>
City Manchester	State NH	
Purpose of Disbursement Office Rent	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. 223 South Willow Street LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 223 S Willow St		<b>Transaction ID : VQBGB9HK9Z4</b>
City Manchester	State NH	
Purpose of Disbursement Office Rent	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. 223 South Willow Street LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 223 S Willow St		<b>Transaction ID : VQBGB9HKDW0</b>
City Manchester	State NH	
Zip Code 03103-5759	Purpose of Disbursement Office Rent	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNH1</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Amount of Each Disbursement this Period 24.23
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNJ9</b>
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Amount of Each Disbursement this Period 13.25
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 3037.48

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNM5</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="14.24"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNK7</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="240.68"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNN3</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="7.90"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>Subtotal Of Receipts This Page</b> (optional).....	<input type="text" value="262.82"/>
<b>Total This Period</b> (last page this line number only).....	<input type="text"/>

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNP1</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Amount of Each Disbursement this Period 9.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNQ9</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Amount of Each Disbursement this Period 44.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

Full Name (Last, First, Middle Initial) <b>c. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNR7</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Amount of Each Disbursement this Period 222.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

**Subtotal Of Receipts This Page** (optional)..... 276.09

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNS5</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Amount of Each Disbursement this Period \$ 39.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:                  District:		

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNT3</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Amount of Each Disbursement this Period \$ 4.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:                  District:		

Full Name (Last, First, Middle Initial) <b>c. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNV0</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Amount of Each Disbursement this Period \$ 5.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:                  District:		

**Subtotal Of Receipts This Page** (optional).....→ \$ 49.49

**Total This Period** (last page this line number only).....→

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNW8</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 1.78
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNX6</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 8.90
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQBGB9HKNY4</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 51.58
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional).....  62.26

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 471 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Actblue Technical Services</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address PO Box 382110		<b>Transaction ID : VQGBG9HKNZ2</b>
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 133.01
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. ADcoLLC</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 4126 New Hampshire Ave NW		<b>Transaction ID : VQGBG9HJPX8</b>
City Washington	State DC	
Purpose of Disbursement Photography Services		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Aloft Harlem</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 2296 Frederick Douglass Blvd		<b>Transaction ID : VQGBG9HK0Q2</b>
City New York	State NY	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 210.05
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 1343.06

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Aloft Harlem</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 2296 Frederick Douglass Blvd		<b>Transaction ID : VQBGB9HK1C8</b>
City New York	State NY	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 210.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Aloft Harlem</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 2296 Frederick Douglass Blvd		<b>Transaction ID : VQBGB9HK1R3</b>
City New York	State NY	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 0.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Aloft Harlem</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 2296 Frederick Douglass Blvd		<b>Transaction ID : VQBGB9HK248</b>
City New York	State NY	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 0.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 210.07

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1825 K St NW

City Washington State DC Zip Code 20006-1202

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2015

Transaction ID : VQGBG9HKE93

Amount of Each Disbursement this Period

633.58
--------

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1825 K St NW

City Washington State DC Zip Code 20006-1202

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Transaction ID : VQGBG9HKE35

Amount of Each Disbursement this Period

475.14
--------

Full Name (Last, First, Middle Initial)

**c. Amalgamated Bank**

Mailing Address 1825 K St NW

City Washington State DC Zip Code 20006-1202

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2015

Transaction ID : VQGBG9HKP08

Amount of Each Disbursement this Period

125.32
--------

Subtotal Of Receipts This Page (optional)..... 

1234.04
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Total This Period (last page this line number only)..... 

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015
Mailing Address 1825 K St NW		<b>Transaction ID : VQBGB9HKJQ2</b>
City Washington	State DC Zip Code 20006-1202	
Purpose of Disbursement Bank Fee	Category/Type	Amount of Each Disbursement this Period 446.75
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQBGB9HJW53</b>
City Seattle	State WA Zip Code 98144-2734	
Purpose of Disbursement Office Supplies	Category/Type	Amount of Each Disbursement this Period 0.50
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQBGB9HJX46</b>
City Seattle	State WA Zip Code 98144-2734	
Purpose of Disbursement Office Supplies	Category/Type	Amount of Each Disbursement this Period 27.52
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 474.77

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQGBG9HJXJ6</b>
City Seattle	State WA	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 313.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQGBG9HJY64</b>
City Seattle	State WA	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 26.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQGBG9HJYV0</b>
City Seattle	State WA	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 280.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 620.07

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQBGB9HJZG6</b>
City Seattle	State WA	
Purpose of Disbursement Office Supplies	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 280.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQBGB9HK0A9</b>
City Seattle	State WA	
Purpose of Disbursement Office Supplies	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 11.98
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQBGB9HK186</b>
City Seattle	State WA	
Purpose of Disbursement Office Supplies	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 839.90
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....  1131.88

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQGBG9HK1V6</b>
City Seattle	State WA	
Purpose of Disbursement Office Supplies	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 181.60
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQGBG9HK263</b>
City Seattle	State WA	
Purpose of Disbursement Office Supplies	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 25.69
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 1200 12th Ave S Ste 1200		<b>Transaction ID : VQGBG9HK9W1</b>
City Seattle	State WA	
Purpose of Disbursement Digital Service	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 0.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....  207.79

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 4333 Amon Center Blvd		<b>Transaction ID : VQBGB9HJZX9</b>
City Ft Worth	State TX	
Zip Code 76115	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 24.49
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 4333 Amon Center Blvd		<b>Transaction ID : VQBGB9HK0H5</b>
City Ft Worth	State TX	
Zip Code 76115	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 272.60
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 4333 Amon Center Blvd		<b>Transaction ID : VQBGB9HK0X9</b>
City Ft Worth	State TX	
Zip Code 76115	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 719.70
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1016.79

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 4333 Amon Center Blvd		<b>Transaction ID : VQBGB9HK178</b>
City Ft Worth	State TX	
Zip Code 76115	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 327.60
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4333 Amon Center Blvd		<b>Transaction ID : VQBGB9HK1G0</b>
City Ft Worth	State TX	
Zip Code 76115	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 471.60
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4333 Amon Center Blvd		<b>Transaction ID : VQBGB9HK1S1</b>
City Ft Worth	State TX	
Zip Code 76115	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 471.60
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1270.80

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address PO Box 2878		<b>Transaction ID : VQGBG9HKEB8</b>
City Omaha	State NE Zip Code 68103-2878	
Purpose of Disbursement Credit Card Payment - See Items below		Amount of Each Disbursement this Period 4534.98
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 4333 Amon Center Blvd		<b>Transaction ID : VQGBG9HKEJ4</b>
City Ft Worth	State TX Zip Code 76115	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 705.89
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 4333 Amon Center Blvd		<b>Transaction ID : VQGBG9HKEK2</b>
City Ft Worth	State TX Zip Code 76115	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 705.89
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<b>[MEMO ITEM]</b> *

Subtotal Of Receipts This Page (optional)..... 4534.98

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address PO Box 2878		<b>Transaction ID : VQBGB9HKEC6</b>
City Omaha	State NE	
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 15.00
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HKEH6</b>
City Baltimore	State MD	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 58.00
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Grand Havana Hotel</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 666 5th Ave		<b>Transaction ID : VQBGB9HKEF0</b>
City New York	State NY	
Purpose of Disbursement Travel Expenses		Amount of Each Disbursement this Period 2455.20
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQBGB9HKED4</b>
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 248.00
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HJRH9</b>
City Baltimore	State MD	
Zip Code 21201-5815	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 41.00
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HK0K0</b>
City Baltimore	State MD	
Zip Code 21201-5815	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 272.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 272.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HK0Z5</b>
City Baltimore	State MD Zip Code 21201-5815	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 154.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HK1E4</b>
City Baltimore	State MD Zip Code 21201-5815	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 110.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HK1N9</b>
City Baltimore	State MD Zip Code 21201-5815	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 33.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 297.00

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HKJN7</b>
City Baltimore	State MD	
Zip Code 21201-5815	Purpose of Disbursement Travel Expenses	Amount of Each Disbursement this Period 187.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HK1Y0</b>
City Baltimore	State MD	
Zip Code 21201-5815	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 77.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HK230</b>
City Baltimore	State MD	
Zip Code 21201-5815	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 9.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 273.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HK2A5</b>
City Baltimore	State MD	
Zip Code 21201-5815	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 124.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HK2G2</b>
City Baltimore	State MD	
Zip Code 21201-5815	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 6.25
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HK2K6</b>
City Baltimore	State MD	
Zip Code 21201-5815	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 300.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 430.25

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HK2S3</b>
City Baltimore	State MD	
Zip Code 21201-5815	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jose Aristimuno</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 701 Pennsylvania Ave NW Apt 1003		<b>Transaction ID : VQBGB9HKAD5</b>
City Washington	State DC	
Zip Code 20004-2600	Purpose of Disbursement Field Consulting	Amount of Each Disbursement this Period 720.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jose Aristimuno</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 701 Pennsylvania Ave NW Apt 1003		<b>Transaction ID : VQBGB9HKAE3</b>
City Washington	State DC	
Zip Code 20004-2600	Purpose of Disbursement Field Consulting	Amount of Each Disbursement this Period 768.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1513.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Jose Aristimuno</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 701 Pennsylvania Ave NW Apt 1003		<b>Transaction ID : VQBGB9HKF88</b>
City Washington	State DC	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1154.11
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Jay Baker</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 3413 Dennlyn Rd		<b>Transaction ID : VQBGB9HJR70</b>
City Baltimore	State MD	
Purpose of Disbursement Photography Services	Category/Type	Amount of Each Disbursement this Period 569.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Jay Baker</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 3413 Dennlyn Rd		<b>Transaction ID : VQBGB9HJR88</b>
City Baltimore	State MD	
Purpose of Disbursement Photography Services	Category/Type	Amount of Each Disbursement this Period 320.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 2043.11

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)  
**A. David L. Belluck**

Mailing Address 699 Boylston St  
Ste 14

City Boston State MA Zip Code 02116-2879

Purpose of Disbursement  
Reimbursement Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : VQBGB9HJQS0**

Amount of Each Disbursement this Period  
\$ 547.19

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Pret, Inc**

Mailing Address 507 Boylston St

City Boston State MA Zip Code 02116-3703

Purpose of Disbursement  
Catering Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : VQBGB9HJQT8**

Amount of Each Disbursement this Period  
\$ 547.19

Category/Type

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**c. Beltway Office Solution**

Mailing Address 9190 Red Branch Rd  
Ste E

City Columbia State MD Zip Code 21045-2049

Purpose of Disbursement  
Equipment Rental

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 01 / 2015

**Transaction ID : VQBGB9HJQ44**

Amount of Each Disbursement this Period  
\$ 53.00

Category/Type

Subtotal Of Receipts This Page (optional)..... **600.19**

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Beltway Office Solution</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 9190 Red Branch Rd Ste E		<b>Transaction ID : VQBGB9HJQR2</b>
City Columbia	State MD	
Purpose of Disbursement Equipment Rental	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 289.16
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Beltway Office Solution</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 9190 Red Branch Rd Ste E		<b>Transaction ID : VQBGB9HKHM6</b>
City Columbia	State MD	
Purpose of Disbursement Equipment Rental	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 465.52
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Best Western</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 451 Wmc Dr		<b>Transaction ID : VQBGB9HJZY7</b>
City Westminster	State MD	
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 141.11
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional).....  895.79

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Best Western</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 451 Wmc Dr		<b>Transaction ID : VQBGB9HK084</b>
City Westminster	State MD	
Zip Code 21158-4336	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 141.11
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Best Western</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 451 Wmc Dr		<b>Transaction ID : VQBGB9HK0F9</b>
City Westminster	State MD	
Zip Code 21158-4336	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 141.11
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. John Bivona</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 500 Merrimack St		<b>Transaction ID : VQBGB9HJT15</b>
City Manchester	State NH	
Zip Code 03103-4138	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 40.03
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 322.25

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. John Bivona</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 500 Merrimack St		<b>Transaction ID : VQBGB9HJT65</b>
City Manchester	State NH	
Zip Code 03103-4138	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 839.10
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQBGB9HK510</b>
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 392.00
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQBGB9HK528</b>
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 224.00
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 839.10

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E Sky Harbor Blvd		<b>Transaction ID : VQGBG9HK536</b>
City Phoenix	State AZ	
Zip Code 85034-0664	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 223.10
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Blue State Digital</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 406 7th St NW		<b>Transaction ID : VQGBG9HJRX4</b>
City Washington	State DC	
Zip Code 20004-2261	Purpose of Disbursement Website Services	Amount of Each Disbursement this Period 1255.25
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Brady Sullivan Keene Properties, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 670 N Commercial St		<b>Transaction ID : VQGBG9HKDP3</b>
City Manchester	State NH	
Zip Code 03101-1160	Purpose of Disbursement Office Rent	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2255.25

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Brady Sullivan Keene Properties, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address 670 N Commercial St		<b>Transaction ID : VQBGB9HKJ27</b>
City Manchester	State NH	
Zip Code 03101-1160	Purpose of Disbursement Office Rent	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Scott M Brennan</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 804 38th St		<b>Transaction ID : VQBGB9HJQE3</b>
City West Des Moines	State IA	
Zip Code 50265-3178	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 684.60
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HJQF1</b>
City Atlanta	State GA	
Zip Code 30354-1989	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 684.60
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>Subtotal Of Receipts This Page</b> (optional).....	1684.60
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Hannah Burke</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 2617 Garfield St NW		<b>Transaction ID : VQBGB9HJSW6</b>
City Washington      State DC      Zip Code 20008-4103	Amount of Each Disbursement this Period \$ 57.10	
Purpose of Disbursement Reimbursement expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Hannah Burke</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 2617 Garfield St NW		<b>Transaction ID : VQBGB9HK9D4</b>
City Washington      State DC      Zip Code 20008-4103	Amount of Each Disbursement this Period \$ 41.20	
Purpose of Disbursement Mileage Reimburement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State:      District:		

Full Name (Last, First, Middle Initial) <b>c. Hannah Burke</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 2617 Garfield St NW		<b>Transaction ID : VQBGB9HK951</b>
City Washington      State DC      Zip Code 20008-4103	Amount of Each Disbursement this Period \$ 72.06	
Purpose of Disbursement Reimbursement Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

**Subtotal Of Receipts This Page** (optional)..... → \$ 129.16

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQGBG9HK9F0</b>
City San Francisco    State CA    Zip Code 94105-2999	Amount of Each Disbursement this Period 67.37	
Purpose of Disbursement Travel Expense	Category/Type	<b>[MEMO ITEM]</b> *
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

Full Name (Last, First, Middle Initial) <b>B. Hannah Burke</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 2617 Garfield St NW		<b>Transaction ID : VQGBG9HKEZ6</b>
City Washington    State DC    Zip Code 20008-4103	Amount of Each Disbursement this Period 67.37	
Purpose of Disbursement Reimbursement Expense	Category/Type	<b>[MEMO ITEM]</b> *
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQGBG9HKGH9</b>
City San Francisco    State CA    Zip Code 94105-2999	Amount of Each Disbursement this Period 67.37	
Purpose of Disbursement Travel Expense	Category/Type	<b>[MEMO ITEM]</b> *
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

**Subtotal Of Receipts This Page** (optional)..... 67.37

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)  
**A. Campaign Compliance Solutions**

Mailing Address 1170 Cushing Cir  
Apt 119

City Saint Paul State MN Zip Code 55108-5000

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 23 / 2015

Transaction ID : **VQGB9HJSN4**

Amount of Each Disbursement this Period  
6000.00

Full Name (Last, First, Middle Initial)  
**B. Campaign Compliance Solutions**

Mailing Address 1170 Cushing Cir  
Apt 119

City Saint Paul State MN Zip Code 55108-5000

Purpose of Disbursement  
Compliance Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 14 / 2015

Transaction ID : **VQGB9HKDJ1**

Amount of Each Disbursement this Period  
6000.00

Full Name (Last, First, Middle Initial)  
**c. Campaign Compliance Solutions**

Mailing Address 1170 Cushing Cir  
Apt 119

City Saint Paul State MN Zip Code 55108-5000

Purpose of Disbursement  
Compliance Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 10 / 2015

Transaction ID : **VQGB9HKHD1**

Amount of Each Disbursement this Period  
7500.00

**Subtotal Of Receipts This Page** (optional).....→ 19500.00

**Total This Period** (last page this line number only).....→



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Capitol Operations, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 421 M St NW		<b>Transaction ID : VQBGB9HJRN1</b>
City Washington	State DC	
Zip Code 20001-4607	Purpose of Disbursement Accounting Consulting Services	Amount of Each Disbursement this Period 7800.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Operations, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 421 M St NW		<b>Transaction ID : VQBGB9HKDF7</b>
City Washington	State DC	
Zip Code 20001-4607	Purpose of Disbursement Accounting Consulting Services	Amount of Each Disbursement this Period 7800.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Operations, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 421 M St NW		<b>Transaction ID : VQBGB9HKHA7</b>
City Washington	State DC	
Zip Code 20001-4607	Purpose of Disbursement Accounting Consulting Services	Amount of Each Disbursement this Period 10500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>Subtotal Of Receipts This Page</b> (optional).....	26100.00
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Capitol Prompting</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 5576 Tuxedo Rd		<b>Transaction ID : VQBGB9HJQ28</b>
City Hyattsville	State MD	
Purpose of Disbursement Equipment Rental	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1550.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Prompting</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 5576 Tuxedo Rd		<b>Transaction ID : VQBGB9HJSB5</b>
City Hyattsville	State MD	
Purpose of Disbursement Equipment Rental	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="801.75"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>c. Casey's General Store</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address One SE Convention Blvd		<b>Transaction ID : VQBGB9HJX79</b>
City Ankeny	State IA	
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3200.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Jenna Casolo</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 222 N Charles St		<b>Transaction ID : VQBGB9HJT57</b>
City Baltimore	State MD	
Zip Code 21201-4032	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 246.90
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 55 Glenlake Pkwy		<b>Transaction ID : VQBGB9HK3T2</b>
City Atlanta	State GA	
Zip Code 30328-3474	Purpose of Disbursement Shipping Services	Amount of Each Disbursement this Period 246.90
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Ben Chou</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 615 Park St Apt 604		<b>Transaction ID : VQBGB9HK8Z4</b>
City Des Moines	State IA	
Zip Code 50309-1600	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 75.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 321.90

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Ben Chou</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 615 Park St Apt 604		<b>Transaction ID : VQBGB9HKEQ3</b>
City Des Moines	State IA	
Purpose of Disbursement Reimbursement Expense	Category/ Type	Amount of Each Disbursement this Period 123.95
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address PO Box 1577 PO Box 1577		<b>Transaction ID : VQBGB9HJQ52</b>
City Newark	State NJ	
Purpose of Disbursement Office Utilities	Category/ Type	Amount of Each Disbursement this Period 249.28
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Comcast</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 5801 Metro Dr		<b>Transaction ID : VQBGB9HJS08</b>
City Baltimore	State MD	
Purpose of Disbursement Office Utilities	Category/ Type 106	Amount of Each Disbursement this Period 200.29
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 573.52

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Comman Man</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 21 Water St		<b>Transaction ID : VQBGB9HJW11</b>
City Claremont	State NH	
Purpose of Disbursement Food and Beverage	Candidate Name	Amount of Each Disbursement this Period 415.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comman Man</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 21 Water St		<b>Transaction ID : VQBGB9HJWW4</b>
City Claremont	State NH	
Purpose of Disbursement Food and Beverage	Candidate Name	Amount of Each Disbursement this Period 14.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Comman Man</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 21 Water St		<b>Transaction ID : VQBGB9HJWA2</b>
City Claremont	State NH	
Purpose of Disbursement Food and Beverage	Candidate Name	Amount of Each Disbursement this Period 25.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 455.73

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Connolly Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 17 B Gill Streetoburn		<b>Transaction ID : VQGBG9HJQD5</b>
City Woburn	State MA	
Purpose of Disbursement Printing	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 765.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Daniel Cooper</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 511 Goodland Pl		<b>Transaction ID : VQGBG9HJSZ0</b>
City Rockville	State MD	
Purpose of Disbursement Mileage Reimbursement Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 55.24
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Courtyard by Marriott</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 10400 Fernwood Rd		<b>Transaction ID : VQGBG9HJZF8</b>
City Bethesda	State MD	
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 176.31
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional).....  996.55

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Courtyard by Marriott</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 10400 Fernwood Rd		<b>Transaction ID : VQBGB9HK0C5</b>
City Bethesda	State MD	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 5,000.00 173.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Creative Print Group, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 1560 Caton Center Dr		<b>Transaction ID : VQBGB9HKDR8</b>
City Baltimore	State MD	
Purpose of Disbursement Printing Services	Candidate Name	Amount of Each Disbursement this Period 5,000.00 148.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Crystal Clear Water</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3717 Delaware Ave		<b>Transaction ID : VQBGB9HJQ10</b>
City Des Moines	State IA	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 5,000.00 207.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 528.79

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Crystal Clear Water</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 3717 Delaware Ave		<b>Transaction ID : VQBGB9HKA52</b>
City Des Moines	State IA	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 171.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Natasha Deane</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 3829 Richland Ave		<b>Transaction ID : VQBGB9HKPN4</b>
City Nashville	State TN	
Purpose of Disbursement Debt Repayment - Refund of Excessive Contribution	Candidate Name	Amount of Each Disbursement this Period 2700.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. Dedham Country Club and Polo</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 124 Country Club Road		<b>Transaction ID : VQBGB9HJR62</b>
City Dedham	State IA	
Purpose of Disbursement Catering Services	Candidate Name	Amount of Each Disbursement this Period 2071.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 2242.56

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Thomas DeKemper</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 9 Lilac Ct		Transaction ID : <b>VQGBG9HJTP1</b>
City Merrimack	State NH	
Purpose of Disbursement Travel Expenses	Candidate Name	Amount of Each Disbursement this Period 1,000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Del Friscos</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1221 Avenue of the Americans		Transaction ID : <b>VQGBG9HJVA9</b>
City New York	State NY	
Purpose of Disbursement Food and Beverage	Candidate Name	Amount of Each Disbursement this Period 510.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1030 Delta Blvd		Transaction ID : <b>VQGBG9HJWZ8</b>
City Atlanta	State GA	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 818.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 1528.86

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQGBG9HJXN0</b>
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 538.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQGBG9HJYB4</b>
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 533.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQGBG9HJYS4</b>
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 533.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1604.90

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HJZ67</b>
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 251.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HJZD2</b>
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 251.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HJZR9</b>
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 251.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 754.80

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HJZZ4</b>
City Atlanta State GA Zip Code 30354-1989	Amount of Each Disbursement this Period 251.60	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HK0E1</b>
City Atlanta State GA Zip Code 30354-1989	Amount of Each Disbursement this Period 251.60	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HK0Y7</b>
City Atlanta State GA Zip Code 30354-1989	Amount of Each Disbursement this Period 755.20	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1258.40

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HK153</b>
City Atlanta State GA Zip Code 30354-1989	Amount of Each Disbursement this Period 377.60	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HK1F2</b>
City Atlanta State GA Zip Code 30354-1989	Amount of Each Disbursement this Period 472.10	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HK1Q5</b>
City Atlanta State GA Zip Code 30354-1989	Amount of Each Disbursement this Period 472.10	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1321.80

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Demo Strategies LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 442 M St NW Apt 3		<b>Transaction ID : VQGBG9HJ6X6</b>
City Washington	State DC Zip Code 20001-4655	
Purpose of Disbursement Strategic Consulting Services	Category/Type	Amount of Each Disbursement this Period 4500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Demo Strategies LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 442 M St NW Apt 3		<b>Transaction ID : VQGBG9HKH99</b>
City Washington	State DC Zip Code 20001-4655	
Purpose of Disbursement Strategic Consulting Services	Category/Type	Amount of Each Disbursement this Period 5500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Direct Connect</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 3901 Centerview Dr Ste W		<b>Transaction ID : VQGBG9HKNE8</b>
City Chantilly	State VA Zip Code 20151-3229	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	Amount of Each Disbursement this Period 38983.13
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 48983.13

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Direct Connect</b>		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
Mailing Address 3901 Centerview Dr Ste W		<b>Transaction ID : VQBGB9HKNF6</b>
City Chantilly	State VA Zip Code 20151-3229	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="14833.29"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Direct Connect</b>		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
Mailing Address 3901 Centerview Dr Ste W		<b>Transaction ID : VQBGB9HKNG4</b>
City Chantilly	State VA Zip Code 20151-3229	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="12481.62"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Direct Line Politics</b>		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address 107 Oronoco St Ste 100		<b>Transaction ID : VQBGB9HJPT5</b>
City Alexandria	State VA Zip Code 22314-2015	
Purpose of Disbursement Direct Mail Consulting Services	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="5075.28"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Direct Line Politics</b>		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address 107 Oronoco St Ste 100		<b>Transaction ID : VQBGB9HJPW1</b>
City Alexandria	State VA Zip Code 22314-2015	
Purpose of Disbursement Direct Mail Consulting Services		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="3905.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Direct Line Politics</b>		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
Mailing Address 107 Oronoco St Ste 100		<b>Transaction ID : VQBGB9HJSG4</b>
City Alexandria	State VA Zip Code 22314-2015	
Purpose of Disbursement Direct Mail Consulting Services		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="7744.91"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. District American Kitchen</b>		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
Mailing Address 320 N 3rd Street		<b>Transaction ID : VQBGB9HJWB0</b>
City Phoenix	State AZ Zip Code 85004-2128	
Purpose of Disbursement Food and Beverage		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="285.44"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Gabriela Domenzain</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1201 W Mount Royal Ave		<b>Transaction ID : VQGBG9HK919</b>
City Baltimore	State MD	
Purpose of Disbursement Reimbursement Expense		Amount of Each Disbursement this Period 924.95
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Dollar Rent a Car</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 5330 E 31st St		<b>Transaction ID : VQGBG9HK9B8</b>
City Tulsa	State OK	
Purpose of Disbursement Travel Exoense		Amount of Each Disbursement this Period 84.60
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>c. Onetravel.com</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 8009 a34th Avenue Soiuth Suite 1500		<b>Transaction ID : VQGBG9HK9A1</b>
City Minneapolis	State MN	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 729.20
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<b>[MEMO ITEM]</b> *

**Subtotal Of Receipts This Page** (optional)..... 924.95

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Sheraton</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 340 N 3rd St		<b>Transaction ID : VQBGB9HK9C6</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 111.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HJ4N7</b>
City Richmond	State VA	
Purpose of Disbursement Payroll Services	Candidate Name	Amount of Each Disbursement this Period 186006.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Douglas Anderson</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2931 MacFarlane Cres		<b>Transaction ID : VQBGB9HJ4Q3</b>
City Flossmoor	State IL	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 639.02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 186006.38

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Michael Barnhill</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3420 Sheffield Dr		<b>Transaction ID : VQBGB9HJ4R1</b>
City Rocky Mount	State NC	
Zip Code 27803-1228	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 659.35
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert Bauch</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 640 W Douglas St		<b>Transaction ID : VQBGB9HJ4S8</b>
City Freeport	State IL	
Zip Code 61032-4029	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 654.66
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. John Bivona</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1345 S Capitol St SW		<b>Transaction ID : VQBGB9HJ4T6</b>
City Washington	State DC	
Zip Code 20003-3571	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 3649.44
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Hannah Burke</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2617 Garfield St NW		<b>Transaction ID : VQBGB9HJ4V4</b>
City Washington	State DC	
Zip Code 20008-4103	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1446.92
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ben Buysse</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 531 Sullivan Ave		<b>Transaction ID : VQBGB9HJ4W2</b>
City Waterloo	State IA	
Zip Code 50701-2765	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 684.48
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Margaret Byron</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3360 Mount Pleasant St NW Apt 7		<b>Transaction ID : VQBGB9HJ4X0</b>
City Washington	State DC	
Zip Code 20010-1878	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 2581.23
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Jenna Casolo</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 222 N Charles St		<b>Transaction ID : VQBGB9HJ4Y8</b>
City Baltimore	State MD	
Zip Code 21201-4032	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1155.07
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ben Chou</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 615 Park St Apt 604		<b>Transaction ID : VQBGB9HJ4Z6</b>
City Des Moines	State IA	
Zip Code 50309-1600	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1319.81
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Seth Emory Cohen</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1078 36th St		<b>Transaction ID : VQBGB9HJ504</b>
City Des Moines	State IA	
Zip Code 50311-3735	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1404.79
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Rashan Colbert</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 4213 Adrienne Dr		<b>Transaction ID : VQBGB9HJ512</b>
City Alexandria	State VA	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1105.89
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Daniel Cooper</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 511 Goodland Pl		<b>Transaction ID : VQBGB9HJ520</b>
City Rockville	State MD	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 684.34
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Matthew Corridoni</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1020 Park Ave Apt 508		<b>Transaction ID : VQBGB9HJ537</b>
City Baltimore	State MD	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1118.74
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Patrick Davis</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 401 Tennessee Ave		<b>Transaction ID : VQBGB9HJ545</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1336.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thomas DeKemper</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 9 Lilac Ct		<b>Transaction ID : VQBGB9HJ553</b>
City Merrimack	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1602.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gabriela Domenzain</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1201 W Mount Royal Ave		<b>Transaction ID : VQBGB9HJ561</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3388.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

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**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HJ4P5</b>
City Richmond	State VA Zip Code 23219-3820	
Purpose of Disbursement Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 64653.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>B. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HK6Q5</b>
City Richmond	State VA Zip Code 23219-3820	
Purpose of Disbursement Payroll Fee	Candidate Name	Amount of Each Disbursement this Period 285.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>c. Michael Edwards</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2115 Saint Paul St		<b>Transaction ID : VQBGB9HJ579</b>
City Baltimore	State MD Zip Code 21218-5804	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2468.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<b>[MEMO ITEM]</b> *

**Subtotal Of Receipts This Page** (optional)..... 0.00

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# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Bradley Elkins</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3460 14th St NW		<b>Transaction ID : VQBGB9HJ587</b>
City Washington	State DC	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 2198.74
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	*
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Madeleine Fain Ellis</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2800 Quebec St NW		<b>Transaction ID : VQBGB9HJ595</b>
City Washington	State DC	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 2331.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	*
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel L. Ensign</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 425 L St NW Apt 1110		<b>Transaction ID : VQBGB9HJ5A3</b>
City Washington	State DC	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1705.52
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	*
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Robert Fenity</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3155 Mount Pleasant St NW Apt 306		Transaction ID : <b>VQGB9HJ5B1</b>
City Washington	State DC	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 3649.40
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Ian Ferguson</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 345 Oakdale PI NW Apt 302		Transaction ID : <b>VQGB9HJ5C9</b>
City Washington	State MD	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 2438.39
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Alexander Freedman</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 10434 Bloomfield St		Transaction ID : <b>VQGB9HJ5D6</b>
City Toluca Lake	State CA	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 659.35
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....	0.00
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Daniel Gaynor</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1737 T St NW Apt 302		<b>Transaction ID : VQBGB9HJ5E4</b>
City Washington	State DC	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 2521.19
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	*
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adam Goers</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 442 M St NW Apt 3		<b>Transaction ID : VQBGB9HJ5F2</b>
City Washington	State DC	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 3094.76
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	*
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel Stephen Goetzel</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 7920 Robison Rd		<b>Transaction ID : VQBGB9HJ5G0</b>
City Bethesda	State MD	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 3495.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	*
State: District:		

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Erin E. Gorman</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 628 N Calvert St		<b>Transaction ID : VQBGB9HJ5H8</b>
City Baltimore	State MD	
Zip Code 21202-3653	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 2961.63
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carlee Griffeth</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1020 Park Ave		<b>Transaction ID : VQBGB9HJ5J6</b>
City Baltimore	State MD	
Zip Code 21201-5640	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1181.21
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kiera Hall</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 239 S Hite Ave		<b>Transaction ID : VQBGB9HJ5K4</b>
City Louisville	State KY	
Zip Code 40206-2576	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 639.02
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Frederick Holl</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1224 Saint Paul St		<b>Transaction ID : VQBGB9HJ5M2</b>
City Baltimore	State MD	
Zip Code 21202-3025	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1586.57
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Karine Jean-Pierre</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 14040 Weeping Cherry Dr		<b>Transaction ID : VQBGB9HJ5N0</b>
City Rockville	State MD	
Zip Code 20850-5470	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 4822.26
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jacob Kleinrock</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 6612 Clearbrook Dr		<b>Transaction ID : VQBGB9HJ5P8</b>
City Nashville	State TN	
Zip Code 37205	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 2330.28
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Craig Kornblum</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 624 Palisade Rd		<b>Transaction ID : VQBGB9HJ5Q5</b>
City Union	State Zip Code NJ 07083-7711	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 639.02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>B. Benjamin Kramer</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 26 Nantucket Ct		<b>Transaction ID : VQBGB9HJ5R3</b>
City	State Zip Code Potomac MD 20854-4423	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1158.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>c. Michael Kurtz</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3828 Georgia Ave NW 315		<b>Transaction ID : VQBGB9HJ5S1</b>
City	State Zip Code Washington DC 20011-5954	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3574.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<b>[MEMO ITEM]</b> *

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Whitney Larsen</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 405 SW 8th St		<b>Transaction ID : VQBGB9HJ5T9</b>
City Des Moines	State IA	
Zip Code 50309-4615	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1683.26
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stephen Lassiter</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 214 Jefferson St		<b>Transaction ID : VQBGB9HJ5V7</b>
City Hoboken	State NJ	
Zip Code 07030-1943	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 2199.75
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Eric Litmer</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 8 Deep brook harbor road		<b>Transaction ID : VQBGB9HJ5W5</b>
City Suffield	State CT	
Zip Code 06078	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1444.21
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Edison McDonald</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1119 E 3rd St		<b>Transaction ID : VQBGB9HJ5X3</b>
City Hastings	State NE	
Zip Code 68901-5511	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 639.02
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sean McEneroy</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3303 Murray Ln		<b>Transaction ID : VQBGB9HJ5Y1</b>
City Flushing	State NY	
Zip Code 11354-3210	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1457.55
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sonya McGrady</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1707 N Charles Street		<b>Transaction ID : VQBGB9HJ5Z9</b>
City Baltimore	State MD	
Zip Code 21201-5801	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1754.17
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Claire McGuire</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 648 Monroe Ave		<b>Transaction ID : VQBGB9HJ607</b>
City Helena	State MT	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1465.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Sarah Miller</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1654 Euclid St NW		<b>Transaction ID : VQBGB9HJ614</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3322.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Haley Morris</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3108 Leland St		<b>Transaction ID : VQBGB9HJ622</b>
City Chevy Chase	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2783.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Joseph O'Hern</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 6085 Greywood Cir		<b>Transaction ID : VQBGB9HJ648</b>
City Johnston	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2334.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Jacob Michael Oeth</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 300 Walnut St Ste 125		<b>Transaction ID : VQBGB9HJ630</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2747.91
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. David Opong-Wadee</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 739 Gleneagles Dr		<b>Transaction ID : VQBGB9HJ656</b>
City Fort Washington	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1860.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

<b>Subtotal Of Receipts This Page</b> (optional).....	0.00
<b>Total This Period</b> (last page this line number only).....	

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Annie Osborne</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1744 V St NW		<b>Transaction ID : VQBGB9HJ6P0</b>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 1459.05	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Megan Preambo</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 510 Dean St		<b>Transaction ID : VQBGB9HJ664</b>
City Scranton State PA Zip Code 18509-1363	Amount of Each Disbursement this Period 659.35	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Kalen Pruss</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1724 2nd St NW		<b>Transaction ID : VQBGB9HJ672</b>
City Washington State DC Zip Code 20001-1806	Amount of Each Disbursement this Period 2289.21	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Elsie Raymer</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1200 Elm St		<b>Transaction ID : VQBGB9HJ680</b>
City Manchester	State NH	
Purpose of Disbursement Salary	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1889.38"/>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Jordan Sabine</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1100 24th St		<b>Transaction ID : VQBGB9HJ698</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="640.69"/>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Samuel Salustro</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 101 E. Mount Royal #703 Apt 703		<b>Transaction ID : VQBGB9HJ6A6</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2550.20"/>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Sean Savett</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1741 S St NW		<b>Transaction ID : VQBGB9HJ6B3</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1099.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Matthew Sheaff</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 500 Merrimack St		<b>Transaction ID : VQBGB9HJ6C1</b>
City Manchester	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3003.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. James Singer</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 918 Saint Paul St		<b>Transaction ID : VQBGB9HJ6D9</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1425.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Smith</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 9 Gregoria Ct		<b>Transaction ID : VQBGB9HJ6E7</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3913.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Kristin Sosanie</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 319 E Locust		<b>Transaction ID : VQBGB9HJ6F5</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3411.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. John Tackeff</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 652 Central Rd		<b>Transaction ID : VQBGB9HJ6G3</b>
City Rye Beach	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1630.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Alice Visocchi</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1210 William St		<b>Transaction ID : VQBGB9HJ6H1</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1068.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Alex Vuskovic</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 500 Merrimack St		<b>Transaction ID : VQBGB9HJ6J9</b>
City Manchester	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1603.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Mike Woickowski</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2039 Longcome Dr		<b>Transaction ID : VQBGB9HJ6K7</b>
City Wilmington	State DE	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1342.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Collin Wojciechowski</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 8044 Forest Glen Drive		<b>Transaction ID : VQBGB9HJ6M5</b>
City Pasadena	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1319.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Kevin Zeithaml</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 4604 Fait Ave		<b>Transaction ID : VQBGB9HJ6N2</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1182.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HJ2H2</b>
City Richmond	State VA	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 192252.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 192252.71

**Total This Period** (last page this line number only).....



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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Douglas Anderson</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 2931 MacFarlane Cres		Transaction ID : <b>VQGB9HJ2K7</b>
City Flossmoor	State IL Zip Code 60422-1427	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1132.08
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] *
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Michael Barnhill</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3420 Sheffield Dr		Transaction ID : <b>VQGB9HJ2M5</b>
City Rocky Mount	State NC Zip Code 27803-1228	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1155.38
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] *
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>c. Robert Bauch</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 640 W Douglas St		Transaction ID : <b>VQGB9HJ2N3</b>
City Freeport	State IL Zip Code 61032-4029	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1150.72
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] *
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. John Bivona</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1345 S Capitol St SW		<b>Transaction ID : VQBGB9HJ2P1</b>
City Washington State DC Zip Code 20003-3571	Amount of Each Disbursement this Period 3896.31	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Hannah Burke</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 2617 Garfield St NW		<b>Transaction ID : VQBGB9HJ2Q9</b>
City Washington State DC Zip Code 20008-4103	Amount of Each Disbursement this Period 1446.92	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Ben Buysse</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 531 Sullivan Ave		<b>Transaction ID : VQBGB9HJ2R7</b>
City Waterloo State IA Zip Code 50701-2765	Amount of Each Disbursement this Period 1188.84	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Margaret Byron</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3360 Mount Pleasant St NW Apt 7		Transaction ID : <b>VQBGB9HJ2S5</b>
City Washington State DC Zip Code 20010-1878	Amount of Each Disbursement this Period 2531.22	
Purpose of Disbursement Salary	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Jenna Casolo</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 222 N Charles St		Transaction ID : <b>VQBGB9HJ2T3</b>
City Baltimore State MD Zip Code 21201-4032	Amount of Each Disbursement this Period 1105.06	
Purpose of Disbursement Salary	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Ben Chou</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 615 Park St Apt 604		Transaction ID : <b>VQBGB9HJ2V1</b>
City Des Moines State IA Zip Code 50309-1600	Amount of Each Disbursement this Period 1269.82	
Purpose of Disbursement Salary	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Seth Emory Cohen</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1078 36th St		<b>Transaction ID : VQBGB9HJ2W9</b>
City Des Moines	State IA	
Zip Code 50311-3735	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1354.79
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rashan Colbert</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 4213 Adrienne Dr		<b>Transaction ID : VQBGB9HJ2X6</b>
City Alexandria	State VA	
Zip Code 22309-2611	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1105.89
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel Cooper</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 511 Goodland Pl		<b>Transaction ID : VQBGB9HJ2Y4</b>
City Rockville	State MD	
Zip Code 20850-7741	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 646.31
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Drew Cooper</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 570 Juniper Ave		Transaction ID : <b>VQGB9HJ222</b>
City Kellogg	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 265.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] *
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Matthew Corridoni</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1020 Park Ave Apt 508		Transaction ID : <b>VQGB9HJ300</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1068.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] *
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Patrick Davis</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 401 Tennessee Ave		Transaction ID : <b>VQGB9HJ318</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1193.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] *
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Thomas DeKemper</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 9 Lilac Ct		<b>Transaction ID : VQBGB9HJ326</b>
City Merrimack	State NH	
Zip Code 03054-2829	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1659.57
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gabriela Domenzain</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1201 W Mount Royal Ave		<b>Transaction ID : VQBGB9HJ334</b>
City Baltimore	State MD	
Zip Code 21217-4132	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 3359.73
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HJ2J0</b>
City Richmond	State VA	
Zip Code 23219-3820	Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 66187.84
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HK6P7</b>
City Richmond	State VA	
Purpose of Disbursement Payroll Fee	Category/Type	Amount of Each Disbursement this Period 215.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Michael Edwards</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 2115 Saint Paul St		<b>Transaction ID : VQBGB9HJ342</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 2418.17
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Bradley Elkins</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3460 14th St NW		<b>Transaction ID : VQBGB9HJ350</b>
City Washington	State DC	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 2198.74
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

**Subtotal Of Receipts This Page** (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Madeleine Fain Ellis</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 2800 Quebec St NW		<b>Transaction ID : VQBGB9HJ368</b>
City Washington	State DC Zip Code 20008-1282	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 2178.48
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	*
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Daniel L. Ensign</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 425 L St NW Apt 1110		<b>Transaction ID : VQBGB9HJ375</b>
City Washington	State DC Zip Code 20001-2867	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1705.52
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	*
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert Fenity</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3155 Mount Pleasant St NW Apt 306		<b>Transaction ID : VQBGB9HJ383</b>
City Washington	State DC Zip Code 20010-2730	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 3599.40
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	*
State: District:		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Ian Ferguson</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 345 Oakdale PI NW Apt 302		<b>Transaction ID : VQBGB9HJ391</b>
City Washington	State MD Zip Code 20001	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 2388.39
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alexander Freedman</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10434 Bloomfield St		<b>Transaction ID : VQBGB9HJ3A9</b>
City Toluca Lake	State CA Zip Code 91602-2811	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1155.38
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel Gaynor</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1737 T St NW Apt 302		<b>Transaction ID : VQBGB9HJ3B7</b>
City Washington	State DC Zip Code 20009-7100	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 2471.20
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Adam Goers</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 442 M St NW Apt 3		Transaction ID : <b>VQGB9HJ3C5</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3044.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Daniel Stephen Goetzel</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 7920 Robison Rd		Transaction ID : <b>VQGB9HJ3D3</b>
City Bethesda	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3445.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Erin E. Gorman</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 628 N Calvert St		Transaction ID : <b>VQGB9HJ3E1</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2911.63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Carlee Griffeth</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1020 Park Ave		<b>Transaction ID : VQBGB9HJ3F9</b>
City Baltimore	State MD Zip Code 21201-5640	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1131.21
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kiera Hall</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 239 S Hite Ave		<b>Transaction ID : VQBGB9HJ3G7</b>
City Louisville	State KY Zip Code 40206-2576	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1132.08
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Frederick Holl</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1224 Saint Paul St		<b>Transaction ID : VQBGB9HJ3H4</b>
City Baltimore	State MD Zip Code 21202-3025	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1586.57
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Karine Jean-Pierre</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 14040 Weeping Cherry Dr		<b>Transaction ID : VQBGB9HJ3J2</b>
City Rockville	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 4772.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Jacob Kleinrock</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6612 Clearbrook Dr		<b>Transaction ID : VQBGB9HJ3K0</b>
City Nashville	State TN	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2255.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Craig Kornblum</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 624 Palisade Rd		<b>Transaction ID : VQBGB9HJ3M8</b>
City Union	State NJ	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 921.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Benjamin Kramer</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 26 Nantucket Ct		<b>Transaction ID : VQBGB9HJ3N6</b>
City Potomac	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1108.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Michael Kurtz</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3828 Georgia Ave NW 315		<b>Transaction ID : VQBGB9HJ3P4</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3574.62
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Whitney Larsen</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 405 SW 8th St		<b>Transaction ID : VQBGB9HJ3Q2</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1633.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Stephen Lassiter</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 214 Jefferson St		<b>Transaction ID : VQBGB9HJ3R0</b>
City Hoboken	State NJ	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2149.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Eric Litmer</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 8 Deep brook harbor road		<b>Transaction ID : VQBGB9HJ3S8</b>
City Suffield	State CT	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1376.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Edison McDonald</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1119 E 3rd St		<b>Transaction ID : VQBGB9HJ3T6</b>
City Hastings	State NE	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1132.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Sean McEnerney</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3303 Murray Ln		<b>Transaction ID : VQBGB9HJ3V3</b>
City Flushing	State NY	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1407.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sonya McGrady</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1707 N Charles Street		<b>Transaction ID : VQBGB9HJ3W1</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1708.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Claire McGuire</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 648 Monroe Ave		<b>Transaction ID : VQBGB9HJ3X9</b>
City Helena	State MT	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1382.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Sarah Miller</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1654 Euclid St NW		<b>Transaction ID : VQBGB9HJ3Y7</b>
City Washington State DC Zip Code 20009-5634	Amount of Each Disbursement this Period 3322.37	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Haley Morris</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3108 Leland St		<b>Transaction ID : VQBGB9HJ3Z5</b>
City Chevy Chase State MD Zip Code 20815-4069	Amount of Each Disbursement this Period 2783.57	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Joseph O'Hern</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6085 Greywood Cir		<b>Transaction ID : VQBGB9HJ419</b>
City Johnston State IA Zip Code 50131	Amount of Each Disbursement this Period 2284.78	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)  
**A. Jacob Michael Oeth**

Mailing Address 300 Walnut St  
Ste 125

City Des Moines State IA Zip Code 50309-2260

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 16 / 2015

Transaction ID : **VQGB9HJ401**

Amount of Each Disbursement this Period  
2697.92

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**B. David Opong-Wadee**

Mailing Address 739 Gleneagles Dr

City Fort Washington State MD Zip Code 20744-7006

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 16 / 2015

Transaction ID : **VQGB9HJ427**

Amount of Each Disbursement this Period  
1810.32

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**c. Annie Osborne**

Mailing Address 1744 V St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 16 / 2015

Transaction ID : **VQGB9HJ435**

Amount of Each Disbursement this Period  
1459.06

[MEMO ITEM]  
\*

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Megan Preambo</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 510 Dean St		<b>Transaction ID : VQGBG9HJ443</b>
City Scranton	State PA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1155.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Kalen Pruss</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1724 2nd St NW		<b>Transaction ID : VQGBG9HJ450</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2289.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Elsie Raymer</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1200 Elm St		<b>Transaction ID : VQGBG9HJ4M9</b>
City Manchester	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2115.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Eric Resnick</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 7707 Wisconsin Ave		<b>Transaction ID : VQGBG9HJ468</b>
City Bethesda	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 284.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Jordan Sabine</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1100 24th St		<b>Transaction ID : VQGBG9HJ476</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1133.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Samuel Salustro</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 101 E. Mount Royal #703 Apt 703		<b>Transaction ID : VQGBG9HJ484</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2550.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Sean Savett</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1741 S St NW		<b>Transaction ID : VQGBG9HJ492</b>
City Washington	State DC	
Zip Code 20009-6147	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1888.30
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Matthew Sheaff</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 500 Merrimack St		<b>Transaction ID : VQGBG9HJ4A0</b>
City Manchester	State NH	
Zip Code 03103	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 3188.81
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. James Singer</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 918 Saint Paul St		<b>Transaction ID : VQGBG9HJ4B8</b>
City Baltimore	State MD	
Zip Code 21202-2422	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1375.91
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Smith</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 9 Gregoria Ct		<b>Transaction ID : VQBGB9HJ4C6</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 4605.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Kristin Sosanie</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 319 E Locust		<b>Transaction ID : VQBGB9HJ4D4</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2472.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. John Tackeff</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 652 Central Rd		<b>Transaction ID : VQBGB9HJ4E2</b>
City Rye Beach	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1688.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Alice Visocchi</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1210 William St		<b>Transaction ID : VQBGB9HJ4F9</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1018.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alex Vuskovic</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 608 Las Barrancas Dr		<b>Transaction ID : VQBGB9HJ4G7</b>
City Danville	State CA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1661.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mike Woicekowski</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 2039 Longcome Dr		<b>Transaction ID : VQBGB9HJ4H5</b>
City Wilmington	State DE	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1292.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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**SCHEDULE B-P  
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Collin Wojciechowski</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 8044 Forest Glen Drive		<b>Transaction ID : VQBGB9HJ4J3</b>
City Pasadena	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1269.82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Kevin Zeithaml</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 4604 Fait Ave		<b>Transaction ID : VQBGB9HJ4K1</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1182.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HK6R3</b>
City Richmond	State VA	
Purpose of Disbursement Payroll Expense	Candidate Name	Amount of Each Disbursement this Period 201190.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

**Subtotal Of Receipts This Page** (optional)..... 201190.53

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Douglas Anderson</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 2931 MacFarlane Cres		<b>Transaction ID : VQGB9HK6V6</b>
City Flossmoor	State IL Zip Code 60422-1427	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1132.08
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Annie Osborne</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 2038 18th St NW Apt PH3		<b>Transaction ID : VQGB9HK8C4</b>
City Washington	State DC Zip Code 20009-1849	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1436.05
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Michael Barnhill</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 3420 Sheffield Dr		<b>Transaction ID : VQGB9HK6W4</b>
City Rocky Mount	State NC Zip Code 27803-1228	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1155.38
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Robert Bauch</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 640 W Douglas St		<b>Transaction ID : VQBGB9HK6X2</b>
City Freeport State IL Zip Code 61032-4029	Amount of Each Disbursement this Period 1150.72	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. John Bivona</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1345 S Capitol St SW		<b>Transaction ID : VQBGB9HK6Y0</b>
City Washington State DC Zip Code 20003-3571	Amount of Each Disbursement this Period 3599.45	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Ben Buysse</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 531 Sullivan Ave		<b>Transaction ID : VQBGB9HK706</b>
City Waterloo State IA Zip Code 50701-2765	Amount of Each Disbursement this Period 1188.84	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Margaret Byron</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 3360 Mount Pleasant St NW Apt 7		Transaction ID : <b>VQGBG9HK714</b>
City Washington	State DC	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 2531.22
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jenna Casolo</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 222 N Charles St		Transaction ID : <b>VQGBG9HK722</b>
City Baltimore	State MD	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1082.06
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ben Chou</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 615 Park St Apt 604		Transaction ID : <b>VQGBG9HK730</b>
City Des Moines	State IA	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1269.82
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Seth Emory Cohen</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1078 36th St		<b>Transaction ID : VQBGB9HK748</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1354.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rashan Colbert</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 4213 Adrienne Dr		<b>Transaction ID : VQBGB9HK755</b>
City Alexandria	State VA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1082.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel Cooper</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 511 Goodland Pl		<b>Transaction ID : VQBGB9HK763</b>
City Rockville	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 623.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Drew Cooper</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 570 Juniper Ave		<b>Transaction ID : VQBGB9HK771</b>
City Kellogg	State IA Zip Code 50135-8682	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1133.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>B. Matthew Corridoni</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1020 Park Ave Apt 508		<b>Transaction ID : VQBGB9HK789</b>
City Baltimore	State MD Zip Code 21201-5643	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1068.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>c. Patrick Davis</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 401 Tennessee Ave		<b>Transaction ID : VQBGB9HK797</b>
City Washington	State DC Zip Code 20002-5433	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1193.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	<b>[MEMO ITEM]</b> *

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Thomas DeKemper</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 9 Lilac Ct		<b>Transaction ID : VQBGB9HK7A5</b>
City Merrimack	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1552.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Brian Doheny</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 500 Club Ln		<b>Transaction ID : VQBGB9HK7B3</b>
City Louisville	State KY	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 256.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Gabriela Domenzain</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1201 W Mount Royal Ave		<b>Transaction ID : VQBGB9HK7C1</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3336.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)

**A. Dominion Payroll Services**

Mailing Address 306 E Main St

City Richmond State VA Zip Code 23219-3820

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2015

Transaction ID : VQBGB9HK6S1

Amount of Each Disbursement this Period

70403.39
----------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Dominion Payroll Services**

Mailing Address 306 E Main St

City Richmond State VA Zip Code 23219-3820

Purpose of Disbursement  
Payroll Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2015

Transaction ID : VQBGB9HK6T9

Amount of Each Disbursement this Period

222.00
--------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Michael Edwards**

Mailing Address 2115 Saint Paul St

City Baltimore State MD Zip Code 21218-5804

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2015

Transaction ID : VQBGB9HK7D9

Amount of Each Disbursement this Period

2395.17
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[MEMO ITEM]

\*

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Bradley Elkins</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 3460 14th St NW		<b>Transaction ID : VQBGB9HK7E7</b>
City Washington	State DC	
Zip Code 20010-3491	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 2123.74
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Madeleine Fain Ellis</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 2800 Quebec St NW		<b>Transaction ID : VQBGB9HK7F4</b>
City Washington	State DC	
Zip Code 20008-1282	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 2155.47
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel L. Ensign</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 425 L St NW Apt 1110		<b>Transaction ID : VQBGB9HK7G2</b>
City Washington	State DC	
Zip Code 20001-2867	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1682.52
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Robert Fenity</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 3155 Mount Pleasant St NW Apt 306		Transaction ID : <b>VQGBG9HK7H0</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3599.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ian Ferguson</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 345 Oakdale PI NW Apt 302		Transaction ID : <b>VQGBG9HK7J8</b>
City Washington	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2365.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Alexander Freedman</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 10434 Bloomfield St		Transaction ID : <b>VQGBG9HK7K6</b>
City Toluca Lake	State CA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1155.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Daniel Gaynor</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1737 T St NW Apt 302		<b>Transaction ID : VQBGB9HK7M4</b>
City Washington	State DC Zip Code 20009-7100	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 2448.20
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adam Goers</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 442 M St NW Apt 3		<b>Transaction ID : VQBGB9HK7N2</b>
City Washington	State DC Zip Code 20001-4655	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 3044.76
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel Stephen Goetzel</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 7920 Robison Rd		<b>Transaction ID : VQBGB9HK7P0</b>
City Bethesda	State MD Zip Code 20817-6929	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 3408.20
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Erin E. Gorman</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 628 N Calvert St		<b>Transaction ID : VQGBG9HK7Q8</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2813.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carlee Griffeth</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1020 Park Ave		<b>Transaction ID : VQGBG9HK7R6</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1131.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kiera Hall</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 239 S Hite Ave		<b>Transaction ID : VQGBG9HK7S3</b>
City Louisville	State KY	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1132.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Dave Hamrick</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1812 N Barton St		<b>Transaction ID : VQBGB9HK7T1</b>
City Arlington	State VA	
Zip Code 22201-4014	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 5021.35
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hannah Burke</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 4312 Warren St NW		<b>Transaction ID : VQBGB9HK6Z8</b>
City Washington	State DC	
Zip Code 20016-2438	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1409.43
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Frederick Holl</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1224 Saint Paul St		<b>Transaction ID : VQBGB9HK7V9</b>
City Baltimore	State MD	
Zip Code 21202-3025	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1586.57
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
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(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Karine Jean-Pierre</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 14040 Weeping Cherry Dr		<b>Transaction ID : VQBGB9HK7W7</b>
City Rockville	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 4772.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Jacob Kleinrock</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 6612 Clearbrook Dr		<b>Transaction ID : VQBGB9HK7X5</b>
City Nashville	State TN	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2232.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Benjamin Kramer</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 26 Nantucket Ct		<b>Transaction ID : VQBGB9HK7Y3</b>
City Potomac	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1108.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Michael Kurtz</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 3828 Georgia Ave NW 315		Transaction ID : <b>VQBGB9HK721</b>
City Washington State DC Zip Code 20011-5954	Amount of Each Disbursement this Period 3551.61	
Purpose of Disbursement Salary	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Whitney Larsen</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 405 SW 8th St		Transaction ID : <b>VQBGB9HK809</b>
City Des Moines State IA Zip Code 50309-4615	Amount of Each Disbursement this Period 1633.27	
Purpose of Disbursement Salary	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Stephen Lassiter</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 214 Jefferson St		Transaction ID : <b>VQBGB9HK817</b>
City Hoboken State NJ Zip Code 07030-1943	Amount of Each Disbursement this Period 2126.75	
Purpose of Disbursement Salary	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Eric Litmer</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 8 Deep brook harbor road		<b>Transaction ID : VQGB9HK825</b>
City Suffield State CT Zip Code 06078	Amount of Each Disbursement this Period 1376.81	
Purpose of Disbursement Salary	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Edison McDonald</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1119 E 3rd St		<b>Transaction ID : VQGB9HK832</b>
City Hastings State NE Zip Code 68901-5511	Amount of Each Disbursement this Period 478.40	
Purpose of Disbursement Salary	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Sean McEnergy</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 3303 Murray Ln		<b>Transaction ID : VQGB9HK840</b>
City Flushing State NY Zip Code 11354-3210	Amount of Each Disbursement this Period 1407.55	
Purpose of Disbursement Salary	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Sonya McGrady</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1707 N Charles Street		<b>Transaction ID : VQBGB9HK858</b>
City Baltimore	State MD	
Zip Code 21201-5801	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1708.58
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Claire McGuire</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 648 Monroe Ave		<b>Transaction ID : VQBGB9HK866</b>
City Helena	State MT	
Zip Code 59601-2664	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1382.57
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sarah Miller</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1654 Euclid St NW		<b>Transaction ID : VQBGB9HK874</b>
City Washington	State DC	
Zip Code 20009-5634	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 3322.37
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Haley Morris</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 3108 Leland St		<b>Transaction ID : VQGBG9HK882</b>
City Chevy Chase	State MD	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 2783.55
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joseph O'Hern</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 6085 Greywood Cir		<b>Transaction ID : VQGBG9HK8A8</b>
City Johnston	State IA	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 2284.78
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jacob Michael Oeth</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 300 Walnut St Ste 125		<b>Transaction ID : VQGBG9HK890</b>
City Des Moines	State IA	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 2697.91
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. David Opong-Wadee</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 739 Gleneagles Dr		<b>Transaction ID : VQBGB9HK8B6</b>
City Fort Washington	State MD	
Purpose of Disbursement Salary	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1787.32"/>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Megan Preambo</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 510 Dean St		<b>Transaction ID : VQBGB9HK8D1</b>
City Scranton	State PA	
Purpose of Disbursement Salary	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1155.38"/>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Kalen Pruss</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1724 2nd St NW		<b>Transaction ID : VQBGB9HK8E9</b>
City Washington	State DC	
Purpose of Disbursement Salary	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2266.20"/>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>Subtotal Of Receipts This Page</b> (optional).....	<input type="text" value="0.00"/>
<b>Total This Period</b> (last page this line number only).....	<input type="text"/>

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Elsie Raymer</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1200 Elm St		<b>Transaction ID : VQGBG9HK8F7</b>
City Manchester	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2115.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Eric Resnick</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 7707 Wisconsin Ave		<b>Transaction ID : VQGBG9HK8G5</b>
City Bethesda	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1285.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Jordan Sabine</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1100 24th St		<b>Transaction ID : VQGBG9HK8Y6</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1133.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

**Subtotal Of Receipts This Page** (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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PAGE 579 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Samuel Salustro</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 101 E. Mount Royal #703 Apt 703		Transaction ID : <b>VQGB9HK8H3</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2550.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Sean Savett</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 1741 S St NW		Transaction ID : <b>VQGB9HK8J1</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1865.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Matthew Sheaff</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 500 Merrimack St		Transaction ID : <b>VQGB9HK8K9</b>
City Manchester	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2953.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. James Singer</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 918 Saint Paul St		<b>Transaction ID : VQBGB9HK8M7</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Zip Code 21202-2422	Amount of Each Disbursement this Period 1375.92
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lis Smith</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 8005th Ave		<b>Transaction ID : VQBGB9HK8N5</b>
City New York	State NY	
Purpose of Disbursement Salary	Zip Code 10065	Amount of Each Disbursement this Period 4605.60
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kristin Sosanie</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 319 E Locust		<b>Transaction ID : VQBGB9HK8P3</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Zip Code 50309-1806	Amount of Each Disbursement this Period 2472.19
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

**O'Malley for President**

Full Name (Last, First, Middle Initial)

**A. John Tackeff**

Mailing Address 652 Central Rd

City Rye Beach State NH Zip Code 03871-9005

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2015

**Transaction ID : VQBGB9HK8Q0**

Amount of Each Disbursement this Period

1580.55
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Alice Visocchi**

Mailing Address 1210 William St

City Baltimore State MD Zip Code 21230-4319

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2015

**Transaction ID : VQBGB9HK8R8**

Amount of Each Disbursement this Period

1018.32
---------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**c. Amy Vogt**

Mailing Address 2507 17th St NW

City Washington State DC Zip Code 20009-8833

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2015

**Transaction ID : VQBGB9HK8S6**

Amount of Each Disbursement this Period

636.68
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[MEMO ITEM]

\*

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Alex Vuskovic</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 500 Merrimack St		<b>Transaction ID : VQBGB9HK8T4</b>
City Manchester	State NH	
Zip Code 03103-4138	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1553.70
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mike Woicekowski</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 2039 Longcome Dr		<b>Transaction ID : VQBGB9HK8V2</b>
City Wilmington	State DE	
Zip Code 19810-3873	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1269.97
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Collin Wojciechowski</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 8044 Forest Glen Drive		<b>Transaction ID : VQBGB9HK8W0</b>
City Pasadena	State MD	
Zip Code 21122	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1269.82
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Kevin Zeithaml</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 4604 Fait Ave		<b>Transaction ID : VQGBG9HK8X8</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1182.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQGBG9HK560</b>
City Richmond	State VA	
Purpose of Disbursement Payroll Expense	Candidate Name	Amount of Each Disbursement this Period 81088.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Danette Abraham</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 217 Dennison Ave		<b>Transaction ID : VQGBG9HK586</b>
City Saint Paul	State MN	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 418.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 81088.88

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Gabriel Aderhold</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 3529 W 94th Street		<b>Transaction ID : VQBGB9HK593</b>
City Edina State MN Zip Code 55410	Amount of Each Disbursement this Period 782.02	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Douglas Anderson</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 2931 MacFarlane Cres		<b>Transaction ID : VQBGB9HK5A1</b>
City Flossmoor State IL Zip Code 60422-1427	Amount of Each Disbursement this Period 1132.08	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Michael Barnhill</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 3420 Sheffield Dr		<b>Transaction ID : VQBGB9HK5B9</b>
City Rocky Mount State NC Zip Code 27803-1228	Amount of Each Disbursement this Period 1155.38	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Robert Bauch</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 640 W Douglas St		<b>Transaction ID : VQGB9HK5C7</b>
City Freeport State IL Zip Code 61032-4029	Amount of Each Disbursement this Period 1150.72	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Hannah Burke</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 2617 Garfield St NW		<b>Transaction ID : VQGB9HK5D5</b>
City Washington State DC Zip Code 20008-4103	Amount of Each Disbursement this Period 1428.17	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Ben Buysse</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 531 Sullivan Ave		<b>Transaction ID : VQGB9HK5E3</b>
City Waterloo State IA Zip Code 50701-2765	Amount of Each Disbursement this Period 1188.84	
Purpose of Disbursement Salary	Candidate Name	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Jenna Casolo</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 222 N Charles St		<b>Transaction ID : VQBGB9HK6N9</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1105.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Ben Chou</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 615 Park St Apt 604		<b>Transaction ID : VQBGB9HK5F1</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1269.82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Seth Emory Cohen</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1078 36th St		<b>Transaction ID : VQBGB9HK5G9</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1354.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Rashan Colbert</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 4213 Adrienne Dr		<b>Transaction ID : VQBGB9HK5H7</b>
City Alexandria	State VA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1105.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Daniel Cooper</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 511 Goodland Pl		<b>Transaction ID : VQBGB9HK5J5</b>
City Rockville	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 646.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Drew Cooper</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 570 Juniper Ave		<b>Transaction ID : VQBGB9HK5K2</b>
City Kellogg	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1133.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Matthew Corridoni</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1020 Park Ave Apt 508		<b>Transaction ID : VQBGB9HK5M0</b>
City Baltimore	State MD	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1068.74
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Patrick Davis</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 401 Tennessee Ave		<b>Transaction ID : VQBGB9HK5N8</b>
City Washington	State DC	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1193.30
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Thomas DeKemper</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 9 Lilac Ct		<b>Transaction ID : VQBGB9HK5P6</b>
City Merrimack	State NH	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1552.06
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Tyler Dillon</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address		<b>Transaction ID : VQBGB9HK5Q4</b>
City Des Moines	State IA	
Zip Code 50322	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 999.08
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brian Doheny</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 500 Club Ln		<b>Transaction ID : VQBGB9HK5R2</b>
City Louisville	State KY	
Zip Code 40207-1407	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1132.08
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HK578</b>
City Richmond	State VA	
Zip Code 23219-3820	Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 23583.13
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HK6M1</b>
City Richmond	State VA	
Zip Code 23219-3820	Purpose of Disbursement Payroll Fee	Amount of Each Disbursement this Period 211.00
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alexander Freedman</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 10434 Bloomfield St		<b>Transaction ID : VQBGB9HK5S0</b>
City Toluca Lake	State CA	
Zip Code 91602-2811	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1272.27
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carlee Griffeth</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1020 Park Ave		<b>Transaction ID : VQBGB9HK5T8</b>
City Baltimore	State MD	
Zip Code 21201-5640	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1131.21
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Kiera Hall</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 239 S Hite Ave		<b>Transaction ID : VQGBG9HK5V6</b>
City Louisville	State KY	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1132.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Frederick Holl</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1224 Saint Paul St		<b>Transaction ID : VQGBG9HK5W4</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1586.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Benjamin Kramer</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 26 Nantucket Ct		<b>Transaction ID : VQGBG9HK5X1</b>
City Potomac	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1108.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Whitney Larsen</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 405 SW 8th St		<b>Transaction ID : VQBGB9HK5Y9</b>
City Des Moines	State IA	
Zip Code 50309-4615	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1633.26
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Eric Litmer</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 8 Deep brook harbor road		<b>Transaction ID : VQBGB9HK5Z7</b>
City Suffield	State CT	
Zip Code 06078	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1376.82
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Louis McDonald</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 22 Lincoln Ave		<b>Transaction ID : VQBGB9HK605</b>
City Totowa	State NJ	
Zip Code 07512-2736	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 980.37
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Sean McEnerney</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 3303 Murray Ln		<b>Transaction ID : VQBGB9HK613</b>
City Flushing	State NY	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1407.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Sonya McGrady</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1707 N Charles Street		<b>Transaction ID : VQBGB9HK621</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1708.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Claire McGuire</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 648 Monroe Ave		<b>Transaction ID : VQBGB9HK639</b>
City Helena	State MT	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1382.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Joseph O'Hern</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 6085 Greywood Cir		<b>Transaction ID : VQBGB9HK647</b>
City Johnston	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2086.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. David Opong-Wadee</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 739 Gleneagles Dr		<b>Transaction ID : VQBGB9HK655</b>
City Fort Washington	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1810.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Annie Osborne</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1744 V St NW		<b>Transaction ID : VQBGB9HK663</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1459.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Megan Preambo</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 510 Dean St		<b>Transaction ID : VQBGB9HK670</b>
City Scranton	State PA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1155.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Elsie Raymer</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1200 Elm St		<b>Transaction ID : VQBGB9HK688</b>
City Manchester	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1929.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Eric Resnick</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 7707 Wisconsin Ave		<b>Transaction ID : VQBGB9HK696</b>
City Bethesda	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1308.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Jordan Sabine</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1100 24th St		<b>Transaction ID : VQBGB9HK6A4</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1133.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Sean Savett</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1741 S St NW		<b>Transaction ID : VQBGB9HK6B2</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1888.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. James Singer</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 918 Saint Paul St		<b>Transaction ID : VQBGB9HK6C8</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1375.91
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:	Category/ Type	

<b>Subtotal Of Receipts This Page</b> (optional).....	0.00
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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. John Tackeff</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 652 Central Rd		<b>Transaction ID : VQBGB9HK6D6</b>
City Rye Beach	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1580.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Andrew Turner</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 312 S Greene Street		<b>Transaction ID : VQBGB9HK6E4</b>
City Iowa City	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 897.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Alice Visocchi</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1210 William St		<b>Transaction ID : VQBGB9HK6F2</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1018.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amy Vogt</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 2507 17th St NW		<b>Transaction ID : VQBGB9HK6G0</b>
City Washington	State DC	
Zip Code 20009-8833	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1084.59
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alex Vuskovic</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 608 Las Barrancas Dr		<b>Transaction ID : VQBGB9HK6H7</b>
City Danville	State CA	
Zip Code 94526-2343	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1553.70
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mike Woickowski</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 2039 Longcome Dr		<b>Transaction ID : VQBGB9HK6J5</b>
City Wilmington	State DE	
Zip Code 19810-3873	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1292.97
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Kevin Zeithaml</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 4604 Fait Ave		<b>Transaction ID : VQBGB9HK6K3</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1182.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HKAS0</b>
City Richmond	State VA	
Purpose of Disbursement Payroll Services	Candidate Name	Amount of Each Disbursement this Period 219131.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Delilah Agho-Otoghile</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 11615 Radford Ln		<b>Transaction ID : VQBGB9HKB39</b>
City Houston	State TX	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1106.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. John Bivona</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 500 Merrimack St		<b>Transaction ID : VQBGB9HKAW4</b>
City Manchester	State NH	
Zip Code 03103-4138	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 6555.37
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Margaret Byron</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 3360 Mount Pleasant St NW Apt 7		<b>Transaction ID : VQBGB9HKAX1</b>
City Washington	State DC	
Zip Code 20010-1878	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 4621.07
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gabriela Domenzain</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1201 W Mount Royal Ave		<b>Transaction ID : VQBGB9HKAY9</b>
City Baltimore	State MD	
Zip Code 21217-4132	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 6129.87
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HKAT8</b>
City Richmond	State VA	
Purpose of Disbursement Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 78621.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HKA6</b>
City Richmond	State VA	
Purpose of Disbursement Payroll Fee	Candidate Name	Amount of Each Disbursement this Period 145.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Michael Edwards</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 2115 Saint Paul St		<b>Transaction ID : VQBGB9HKAZ7</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 4420.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Bradley Elkins</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 3460 14th St NW		<b>Transaction ID : VQBGB9HKB05</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3954.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Madeleine Fain Ellis</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 2800 Quebec St NW		<b>Transaction ID : VQBGB9HKB13</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3974.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel L. Ensign</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 425 L St NW Apt 1110		<b>Transaction ID : VQBGB9HKB21</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 3441.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Robert Fenity</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 3155 Mount Pleasant St NW Apt 306		Transaction ID : <b>VQGB9HKB47</b>
City Washington	State DC Zip Code 20010-2730	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 6584.45
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ian Ferguson</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 345 Oakdale PI NW Apt 302		Transaction ID : <b>VQGB9HKB55</b>
City Washington	State MD Zip Code 20001	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 4364.83
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Thomas Funk</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 2315 Berge Henny Rd		Transaction ID : <b>VQGB9HKB63</b>
City Cambridge	State WI Zip Code 53523-9461	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1927.89
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Daniel Gaynor</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1737 T St NW Apt 302		Transaction ID : <b>VQGB9HKB70</b>
City Washington	State DC	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 4555.71
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] *
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Daniel Stephen Goetzel</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 7920 Robison Rd		Transaction ID : <b>VQGB9HKB88</b>
City Bethesda	State MD	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 6237.09
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] *
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>c. Erin E. Gorman</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 628 N Calvert St		Transaction ID : <b>VQGB9HKB96</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 5243.37
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] *
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Dave Hamrick</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1812 N Barton St		<b>Transaction ID : VQGBG9HKBA4</b>
City Arlington	State VA	
Zip Code 22201-4014	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 9982.50
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Karine Jean-Pierre</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 14040 Weeping Cherry Dr		<b>Transaction ID : VQGBG9HKBB2</b>
City Rockville	State MD	
Zip Code 20850-5470	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 8709.77
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Benjamin Jones</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 2817 Stacey St		<b>Transaction ID : VQGBG9HKBC0</b>
City Thompsons Station	State TN	
Zip Code 37179-5218	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 615.03
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Jacob Kleinrock</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 6612 Clearbrook Dr		<b>Transaction ID : VQBGB9HKBD8</b>
City Nashville	State TN	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 4049.48
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Kurtz</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 3828 Georgia Ave NW 315		<b>Transaction ID : VQBGB9HKBE6</b>
City Washington	State DC	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 6534.90
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stephen Lassiter</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 214 Jefferson St		<b>Transaction ID : VQBGB9HKBF4</b>
City Hoboken	State NJ	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 3931.39
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Haley Morris</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 3108 Leland St		<b>Transaction ID : VQBGB9HKBG2</b>
City Chevy Chase	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 5077.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jacob Michael Oeth</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 300 Walnut St Ste 125		<b>Transaction ID : VQBGB9HKBH9</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 4915.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kalen Pruss</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1724 2nd St NW		<b>Transaction ID : VQBGB9HKBJ7</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 4578.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Samuel Salustro</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 101 E. Mount Royal #703 Apt 703		Transaction ID : <b>VQGBG9HKBK5</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 4654.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Matthew Sheaff</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 500 Merrimack St		Transaction ID : <b>VQGBG9HKBM3</b>
City Manchester	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 5907.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lis Smith</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 8005th Ave		Transaction ID : <b>VQGBG9HKBN1</b>
City New York	State NY	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 8376.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Kristin Sosanie</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 319 E Locust		<b>Transaction ID : VQBGB9HKBP9</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="4520.05"/>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Damion Trasada</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 5904 Enright Ave		<b>Transaction ID : VQBGB9HKBQ7</b>
City Saint Louis	State MO	
Purpose of Disbursement Salary	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5395.16"/>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HKBR5</b>
City Richmond	State VA	
Purpose of Disbursement Payroll Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="83539.29"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

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**SCHEDULE B-P  
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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Danette Abraham</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 217 Dennison Ave		<b>Transaction ID : VQBGB9HKBV8</b>
City Saint Paul	State MN	
Zip Code 55126-6237	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1133.75
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Gabriel Aderhold</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 3529 W 94th Street		<b>Transaction ID : VQBGB9HKBW6</b>
City Edina	State MN	
Zip Code 55410	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1133.75
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>c. Douglas Anderson</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 2931 MacFarlane Cres		<b>Transaction ID : VQBGB9HKBX4</b>
City Flossmoor	State IL	
Zip Code 60422-1427	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1132.08
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

**Subtotal Of Receipts This Page** (optional)..... → 0.00

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Michael Barnhill</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 3420 Sheffield Dr		<b>Transaction ID : VQGBG9HKBY2</b>
City Rocky Mount	State NC	
Zip Code 27803-1228	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1155.38
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert Bauch</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 640 W Douglas St		<b>Transaction ID : VQGBG9HKBZ0</b>
City Freeport	State IL	
Zip Code 61032-4029	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1150.72
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hannah Burke</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 2617 Garfield St NW		<b>Transaction ID : VQGBG9HKC08</b>
City Washington	State DC	
Zip Code 20008-4103	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1428.18
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Ben Buysse</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 531 Sullivan Ave		<b>Transaction ID : VQGBG9HKC16</b>
City Waterloo	State IA	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1188.84
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Jenna Casolo</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 222 N Charles St		<b>Transaction ID : VQGBG9HKC24</b>
City Baltimore	State MD	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1105.06
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Ben Chou</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 615 Park St Apt 604		<b>Transaction ID : VQGBG9HKC32</b>
City Des Moines	State IA	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1269.81
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 0.00

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# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Seth Emory Cohen</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1078 36th St		<b>Transaction ID : VQBGB9HKC40</b>
City Des Moines	State IA	
Zip Code 50311-3735	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1354.78
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rashan Colbert</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 4213 Adrienne Dr		<b>Transaction ID : VQBGB9HKC57</b>
City Alexandria	State VA	
Zip Code 22309-2611	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 1105.90
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel Cooper</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 511 Goodland Pl		<b>Transaction ID : VQBGB9HKC65</b>
City Rockville	State MD	
Zip Code 20850-7741	Purpose of Disbursement Salary	Amount of Each Disbursement this Period 646.32
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Drew Cooper</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 570 Juniper Ave		<b>Transaction ID : VQBGB9HKC73</b>
City Kellogg	State IA Zip Code 50135-8682	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1133.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. Matthew Corridoni</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1020 Park Ave Apt 508		<b>Transaction ID : VQBGB9HKC81</b>
City Baltimore	State MD Zip Code 21201-5643	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1068.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>c. Patrick Davis</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 401 Tennessee Ave		<b>Transaction ID : VQBGB9HKC99</b>
City Washington	State DC Zip Code 20002-5433	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1193.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	[MEMO ITEM] *

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Thomas DeKemper</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 9 Lilac Ct		<b>Transaction ID : VQBGB9HKCA7</b>
City Merrimack	State NH	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1552.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tyler Dillon</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address		<b>Transaction ID : VQBGB9HKCB5</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1222.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Brian Doheny</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 500 Club Ln		<b>Transaction ID : VQBGB9HKCC3</b>
City Louisville	State KY	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1132.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HKBS3</b>
City Richmond	State VA Zip Code 23219-3820	
Purpose of Disbursement Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 24217.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>B. Dominion Payroll Services</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 306 E Main St		<b>Transaction ID : VQBGB9HKBT1</b>
City Richmond	State VA Zip Code 23219-3820	
Purpose of Disbursement Payroll Fee	Candidate Name	Amount of Each Disbursement this Period 167.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>c. Alexander Freedman</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 10434 Bloomfield St		<b>Transaction ID : VQBGB9HKCD1</b>
City Toluca Lake	State CA Zip Code 91602-2811	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1405.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<b>[MEMO ITEM]</b> *

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Carlee Griffeth</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1020 Park Ave		<b>Transaction ID : VQBGB9HKCE9</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1131.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kiera Hall</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 239 S Hite Ave		<b>Transaction ID : VQBGB9HKCF6</b>
City Louisville	State KY	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1132.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Frederick Holl</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1224 Saint Paul St		<b>Transaction ID : VQBGB9HKCG4</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1586.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Benjamin Kramer</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 26 Nantucket Ct		<b>Transaction ID : VQBGB9HKCH2</b>
City Potomac	State MD	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1108.78
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Whitney Larsen</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 405 SW 8th St		<b>Transaction ID : VQBGB9HKD74</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1633.25
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Eric Litmer</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 8 Deep brook harbor road		<b>Transaction ID : VQBGB9HKCJ0</b>
City Suffield	State CT	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1376.81
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Louis McDonald</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 22 Lincoln Ave		<b>Transaction ID : VQBGB9HKCK8</b>
City Totowa	State NJ	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1205.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Sean McEneroy</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 3303 Murray Ln		<b>Transaction ID : VQBGB9HKCM4</b>
City Flushing	State NY	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1407.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Sonya McGrady</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1707 N Charles Street		<b>Transaction ID : VQBGB9HKCN2</b>
City Baltimore	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1708.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Claire McGuire</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 648 Monroe Ave		<b>Transaction ID : VQBGB9HKCP0</b>
City Helena	State MT	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1382.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Joseph O'Hern</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 6085 Greywood Cir		<b>Transaction ID : VQBGB9HKCQ8</b>
City Johnston	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 2086.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. David Opong-Wadee</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 739 Gleneagles Dr		<b>Transaction ID : VQBGB9HKCR6</b>
City Fort Washington	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1810.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Annie Osborne</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1744 V St NW		<b>Transaction ID : VQBGB9HKCS3</b>
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 1459.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Megan Preambo</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 510 Dean St		<b>Transaction ID : VQBGB9HKCT1</b>
City Scranton State PA Zip Code 18509-1363	Purpose of Disbursement Salary	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 1155.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Elsie Raymer</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1200 Elm St		<b>Transaction ID : VQBGB9HKCV9</b>
City Manchester State NH Zip Code 03101-2501	Purpose of Disbursement Salary	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 1929.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Eric Resnick</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 7707 Wisconsin Ave		<b>Transaction ID : VQBGB9HKCW7</b>
City Bethesda	State MD	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1308.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Jordan Sabine</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1100 24th St		<b>Transaction ID : VQBGB9HKCX5</b>
City Des Moines	State IA	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1133.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Sean Savett</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1741 S St NW		<b>Transaction ID : VQBGB9HKCY3</b>
City Washington	State DC	
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 1888.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. James Singer</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 918 Saint Paul St		<b>Transaction ID : VQGB9HKCZ1</b>
City Baltimore	State MD Zip Code 21202-2422	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1375.92
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Tackeff</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 652 Central Rd		<b>Transaction ID : VQGB9HKD09</b>
City Rye Beach	State NH Zip Code 03871-9005	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1580.55
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Andrew Turner</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 312 S Greene Street		<b>Transaction ID : VQGB9HKD66</b>
City Iowa City	State IA Zip Code 52240	
Purpose of Disbursement Salary	Category/Type	Amount of Each Disbursement this Period 1108.78
Candidate Name		[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Alice Visocchi</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1210 William St		<b>Transaction ID : VQBGB9HKD17</b>
City Baltimore	State MD	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1018.32
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Amy Vogt</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 2507 17th St NW		<b>Transaction ID : VQBGB9HKD25</b>
City Washington	State DC	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1084.58
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Alex Vuskovic</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 608 Las Barrancas Dr		<b>Transaction ID : VQBGB9HKD32</b>
City Danville	State CA	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 1553.70
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Mike Woicekowski</b>			Date of Disbursement MM / DD / YYYY 08 / 31 / 2015		
Mailing Address 2039 Longcome Dr			<b>Transaction ID : VQBGB9HKD40</b>		
City Wilmington	State DE	Zip Code 19810-3873	Amount of Each Disbursement this Period 1292.96		
Purpose of Disbursement Salary		Category/ Type	[MEMO ITEM]		
Candidate Name			*		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Kevin Zeithaml</b>			Date of Disbursement MM / DD / YYYY 08 / 31 / 2015		
Mailing Address 4604 Fait Ave			<b>Transaction ID : VQBGB9HKD58</b>		
City Baltimore	State MD	Zip Code 21224	Amount of Each Disbursement this Period 1182.60		
Purpose of Disbursement Salary		Category/ Type	[MEMO ITEM]		
Candidate Name			*		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Doubletree Des Moines</b>			Date of Disbursement MM / DD / YYYY 07 / 01 / 2015		
Mailing Address 6800 Fleur Dr			<b>Transaction ID : VQBGB9HJZ91</b>		
City Des Moines	State IA	Zip Code 50321-3127	Amount of Each Disbursement this Period 144.48		
Purpose of Disbursement Travel Expense		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

**Subtotal Of Receipts This Page** (optional)..... → 144.48

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Doubletree Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 6800 Fleur Dr		<b>Transaction ID : VQBGB9HJZV3</b>
City Des Moines	State IA	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 144.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Doubletree Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 6800 Fleur Dr		<b>Transaction ID : VQBGB9HK0M8</b>
City Des Moines	State IA	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 144.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>c. Doubletree Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 6800 Fleur Dr		<b>Transaction ID : VQBGB9HK1D6</b>
City Des Moines	State IA	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 189.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 478.24

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 627 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Doubletree Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 6800 Fleur Dr		<b>Transaction ID : VQBGB9HK1Z8</b>
City Des Moines	State IA	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 189.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Doubletree Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 6800 Fleur Dr		<b>Transaction ID : VQBGB9HK2B3</b>
City Des Moines	State IA	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 187.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Doubletree Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 6800 Fleur Dr		<b>Transaction ID : VQBGB9HK2F4</b>
City Des Moines	State IA	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 167.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... \$ 545.13

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)  
**A. Doubletree Des Moines**

Mailing Address 6800 Fleur Dr

City Des Moines State IA Zip Code 50321-3127

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 20 / 2015

**Transaction ID : VQGBG9HK2N2**

Amount of Each Disbursement this Period  
512.94

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Dropbox**

Mailing Address 76 Market Street

City San Francisco State CA Zip Code 94111-4801

Purpose of Disbursement  
Subscription Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 23 / 2015

**Transaction ID : VQGBG9HJWE4**

Amount of Each Disbursement this Period  
87.77

Category/Type

Full Name (Last, First, Middle Initial)  
**c. Michael Edwards**

Mailing Address 2115 Saint Paul St

City Baltimore State MD Zip Code 21218-5804

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : VQGBG9HJRC0**

Amount of Each Disbursement this Period  
257.22

Category/Type

**Subtotal Of Receipts This Page** (optional)..... 512.94

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)  
**A. Budget rent a car**

Mailing Address 300 Light St

City Baltimore State MD Zip Code 21202-1012

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y  
 07 / 08 / 2015

Transaction ID : **VQGB9HJRD8**

Amount of Each Disbursement this Period  
 203.58

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**B. Michael Edwards**

Mailing Address 2115 Saint Paul St

City Baltimore State MD Zip Code 21218-5804

Purpose of Disbursement  
Reimbursement Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y  
 08 / 07 / 2015

Transaction ID : **VQGB9HK977**

Amount of Each Disbursement this Period  
 312.78

Full Name (Last, First, Middle Initial)  
**c. Dollar Rent a Car**

Mailing Address 5330 E 31st St

City Tulsa State OK Zip Code 74135-5008

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y  
 08 / 07 / 2015

Transaction ID : **VQGB9HK9K0**

Amount of Each Disbursement this Period  
 235.46

[MEMO ITEM]  
\*

Subtotal Of Receipts This Page (optional)..... → 312.78

Total This Period (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Bradley Elkins</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 3460 14th St NW		<b>Transaction ID : VQBGB9HJTJ0</b>
City Washington	State DC	
Zip Code 20010-3491	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 510.12
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Avis Rent a Car</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 101 W Fayette St 101 W Fayette Street		<b>Transaction ID : VQBGB9HJTV1</b>
City Baltimore	State MD	
Zip Code 21201-3757	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 197.92
Candidate Name	Category/Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Rent a car</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO Box 347		<b>Transaction ID : VQBGB9HJTW9</b>
City Hanover	State MD	
Zip Code 21076-0347	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 210.61
Candidate Name	Category/Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 510.12

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)  
**A. Bradley Elkins**

Mailing Address **3460 14th St NW**

City **Washington** State **DC** Zip Code **20010-3491**

Purpose of Disbursement  
**Reimbursement Expense**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2016**  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y  
**07 / 30 / 2015**

**Transaction ID : VQBGB9HK4J2**

Amount of Each Disbursement this Period  
**843.07**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Alamo Rent a Car**

Mailing Address **600 Corporate Park Dr**

City **Saint Louis** State **MO** Zip Code **63105-4204**

Purpose of Disbursement  
**Travel Expense**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2016**  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y  
**07 / 30 / 2015**

**Transaction ID : VQBGB9HK4R9**

Amount of Each Disbursement this Period  
**231.89**

Category/Type

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**c. Avis Rent a Car**

Mailing Address **101 W Fayette St**  
**101 W Fayette Street**

City **Baltimore** State **MD** Zip Code **21201-3757**

Purpose of Disbursement  
**Travel Expense**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2016**  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y  
**07 / 30 / 2015**

**Transaction ID : VQBGB9HK4M8**

Amount of Each Disbursement this Period  
**100.10**

Category/Type

**[MEMO ITEM]**  
\*

**Subtotal Of Receipts This Page** (optional)..... **843.07**

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Car rental</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1261 W Pratt St		<b>Transaction ID : VQBGB9HK4N5</b>
City Baltimore	State MD	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 1363.02
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK4K0</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 75.36
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Bradley Elkins</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 3460 14th St NW		<b>Transaction ID : VQBGB9HKES9</b>
City Washington	State DC	
Purpose of Disbursement Reimbursement Expense		Amount of Each Disbursement this Period 1363.02
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 1363.02

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Alamo Rent a Car</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 600 Corporate Park Dr		<b>Transaction ID : VQBGB9HKFM2</b>
City Saint Louis	State MO	
Zip Code 63105-4204	Purpose of Disbursement TRavel Expense	Amount of Each Disbursement this Period 873.09
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address One SE Convention Blvd		<b>Transaction ID : VQBGB9HKFJ7</b>
City Ankeny	State IA	
Zip Code 50021	Purpose of Disbursement Travel Expesne	Amount of Each Disbursement this Period 45.77
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GoAir</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HKFX1</b>
City Itasca	State IL	
Zip Code 60143-1216	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 21.95
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A. GoAir**

Full Name (Last, First, Middle Initial)

Mailing Address 1250 N Arlington Heights Rd  
Ste 500

City Itasca State IL Zip Code 60143-1216

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : **VQGBG9HKG47**

Amount of Each Disbursement this Period: 19.95

[MEMO ITEM]  
\*

**B. Bradley Elkins**

Full Name (Last, First, Middle Initial)

Mailing Address 3460 14th St NW

City Washington State DC Zip Code 20010-3491

Purpose of Disbursement Reimbursement Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 10 / 2015

Transaction ID : **VQGBG9HKEV5**

Amount of Each Disbursement this Period: 946.41

**c. Budget Rent-A-Car**

Full Name (Last, First, Middle Initial)

Mailing Address 7145 Ritchie Hwy

City Glen Burnie State MD Zip Code 21061-2903

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 10 / 2015

Transaction ID : **VQGBG9HKH24**

Amount of Each Disbursement this Period: 786.65

[MEMO ITEM]  
\*

Subtotal Of Receipts This Page (optional)..... 946.41

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQGBG9HKH08</b>
City San Francisco	State CA	
Zip Code 94105-2999	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 52.14
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Madeleine Fain Ellis</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 2800 Quebec St NW		<b>Transaction ID : VQGBG9HKAB9</b>
City Washington	State DC	
Zip Code 20008-1282	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 295.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Madeleine Fain Ellis</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 2800 Quebec St NW		<b>Transaction ID : VQGBG9HKAC7</b>
City Washington	State DC	
Zip Code 20008-1282	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 371.01
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 666.01

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Apple Store</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 1 Infinite Loop		<b>Transaction ID : VQBGB9HJRM3</b>
City Cupertino	State CA	
Purpose of Disbursement Office Equipment	Candidate Name	Amount of Each Disbursement this Period 17,999.00 371.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Daniel L. Ensign</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 425 L St NW Apt 1110		<b>Transaction ID : VQBGB9HJTG4</b>
City Washington	State DC	
Purpose of Disbursement Reimbursement Expense	Candidate Name	Amount of Each Disbursement this Period 17,999.00 170.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1600 Amphitheatre Pkwy		<b>Transaction ID : VQBGB9HJTT3</b>
City Mountain View	State CA	
Purpose of Disbursement Technology	Candidate Name	Amount of Each Disbursement this Period 17,999.00 170.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional).....▶ 170.88

**Total This Period** (last page this line number only).....▶

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Daniel L. Ensign</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 425 L St NW Apt 1110		<b>Transaction ID : VQBGB9HJTM6</b>
City Washington	State DC	
Purpose of Disbursement Reimbursement Expense	Category/ Type	Amount of Each Disbursement this Period 355.09
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Costco</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 9919 Pulaski Hwy		<b>Transaction ID : VQBGB9HK4G6</b>
City Baltimore	State MD	
Purpose of Disbursement Office Supplies	Category/ Type	Amount of Each Disbursement this Period 355.09
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. Daniel L. Ensign</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 425 L St NW Apt 1110		<b>Transaction ID : VQBGB9HKJ34</b>
City Washington	State DC	
Purpose of Disbursement Reimbursement Expense	Category/ Type	Amount of Each Disbursement this Period 493.74
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 848.83

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Cable One</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 210 E Earl Dr		<b>Transaction ID : VQBGB9HKJ68</b>
City Phoenix	State AZ	
Purpose of Disbursement Office Utilities	Candidate Name	Amount of Each Disbursement this Period 277.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQBGB9HKJ50</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 216.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Eversource</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO Box 650047		<b>Transaction ID : VQBGB9HJR96</b>
City Dallas	State TX	
Purpose of Disbursement Office Utilities	Candidate Name	Amount of Each Disbursement this Period 520.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 520.96

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Eversource</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address PO Box 650047		<b>Transaction ID : VQBGB9HKDH3</b>
City Dallas	State TX	
Purpose of Disbursement Utilities	Candidate Name	Amount of Each Disbursement this Period 254.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Eversource</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address PO Box 650047		<b>Transaction ID : VQBGB9HKJ01</b>
City Dallas	State TX	
Purpose of Disbursement Utilities	Candidate Name	Amount of Each Disbursement this Period 298.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Expensify</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 549 Market Street		<b>Transaction ID : VQBGB9HJVW2</b>
City San Francisco	State CA	
Purpose of Disbursement Subscription Fee	Candidate Name	Amount of Each Disbursement this Period 117.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 670.18

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Expensify</b>		M M / D D / Y Y Y Y 08 / 05 / 2015	
Mailing Address 549 Market Street		<b>Transaction ID : VQGB9HK9X9</b>	
City San Francisco	State CA	Zip Code 94105-2847	Amount of Each Disbursement this Period
Purpose of Disbursement Subscription Fee	Category/Type		
Candidate Name	Disbursement For: 2016		234.00
Office Sought: <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>B. Exxonmobile/SVM</b>		M M / D D / Y Y Y Y 07 / 16 / 2015	
Mailing Address 3727 N Ventura Dr		<b>Transaction ID : VQGB9HK0W2</b>	
City Arlington Heights	State IL	Zip Code 60004-7952	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expense	Category/Type		
Candidate Name	Disbursement For: 2016		1258.35
Office Sought: <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>c. Eychaner Properties</b>		M M / D D / Y Y Y Y 07 / 08 / 2015	
Mailing Address 3839 Merle Hay Rd		<b>Transaction ID : VQGB9HJRB2</b>	
City Des Moines	State IA	Zip Code 50310-1307	Amount of Each Disbursement this Period
Purpose of Disbursement Office Rent	Category/Type		
Candidate Name	Disbursement For: 2016		1600.00
Office Sought: <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:			

<b>Subtotal Of Receipts This Page</b> (optional).....	3092.35
<b>Total This Period</b> (last page this line number only).....	



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Eychaner Properties</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3839 Merle Hay Rd		<b>Transaction ID : VQBGB9HJS49</b>
City Des Moines	State IA	
Purpose of Disbursement Office Rent	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1600.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Eychaner Properties</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 3839 Merle Hay Rd		<b>Transaction ID : VQBGB9HKE27</b>
City Des Moines	State IA	
Purpose of Disbursement Office Rent	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3200.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Fairfield</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 4 Gulf St		<b>Transaction ID : VQBGB9HK0P4</b>
City Concord	State NH	
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="184.21"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Fairfield</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 4 Gulf St		<b>Transaction ID : VQBGB9HK1B0</b>
City Concord	State NH	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 162.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Fastsigns Manchester, Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 1875 S Willow St		<b>Transaction ID : VQBGB9HJQQ4</b>
City Manchester	State NH	
Purpose of Disbursement Printing Services	Candidate Name	Amount of Each Disbursement this Period \$ 224.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Bob Fenity</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 33 West St		<b>Transaction ID : VQBGB9HKER1</b>
City Annapolis	State MD	
Purpose of Disbursement Reimbursement Expense	Candidate Name	Amount of Each Disbursement this Period \$ 77.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... → \$ 464.11

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HKFE5</b>
City Baltimore	State MD	
Zip Code 21201-5815	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 16.00
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Garner Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 1697 NE 53rd Ave		<b>Transaction ID : VQBGB9HJQH6</b>
City Des Moines	State IA	
Zip Code 50313-2180	Purpose of Disbursement Printing	Amount of Each Disbursement this Period 984.00
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Garner Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 1697 NE 53rd Ave		<b>Transaction ID : VQBGB9HJQJ4</b>
City Des Moines	State IA	
Zip Code 50313-2180	Purpose of Disbursement Printing	Amount of Each Disbursement this Period 2926.66
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 3910.66

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Garner Printing</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 1697 NE 53rd Ave		<b>Transaction ID : VQGBG9HKDZ4</b>
City Des Moines	State IA	
Zip Code 50313-2180	Purpose of Disbursement Printing Services	Amount of Each Disbursement this Period 2558.84
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Daniel Gaynor</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1737 T St NW Apt 302		<b>Transaction ID : VQGBG9HJSX4</b>
City Washington	State DC	
Zip Code 20009-7100	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 150.79
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQGBG9HJTS5</b>
City San Francisco	State CA	
Zip Code 94105-2999	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 150.79
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**[MEMO ITEM]**  
\*

Subtotal Of Receipts This Page (optional)..... 2709.63

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

**A. Daniel Gaynor**

Full Name (Last, First, Middle Initial)

Mailing Address 1737 T St NW  
Apt 302

City Washington State DC Zip Code 20009-7100

Purpose of Disbursement Reimbursement Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 30 / 2015

Transaction ID : VQGBG9HJT08

Amount of Each Disbursement this Period: 181.78

Category/Type

**B. Amtrak**

Full Name (Last, First, Middle Initial)

Mailing Address 1500 N Charles St

City Baltimore State MD Zip Code 21201-5815

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 30 / 2015

Transaction ID : VQGBG9HK4C4

Amount of Each Disbursement this Period: 22.00

Category/Type

[MEMO ITEM]  
\*

**c. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 30 / 2015

Transaction ID : VQGBG9HK4B6

Amount of Each Disbursement this Period: 101.80

Category/Type

[MEMO ITEM]  
\*

Subtotal Of Receipts This Page (optional)..... 181.78

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Daniel Gaynor</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1737 T St NW Apt 302		<b>Transaction ID : VQBGB9HKET7</b>
City Washington	State DC Zip Code 20009-7100	
Purpose of Disbursement Reimbursement Expense	Category/Type	Amount of Each Disbursement this Period 61.85
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HKG63</b>
City San Francisco	State CA Zip Code 94105-2999	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 7.85
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. Gentle Giant Moving Co., Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 29 Harding St		<b>Transaction ID : VQBGB9HJ6W8</b>
City Somerville	State MA Zip Code 02143-4204	
Purpose of Disbursement Moving Services	Category/Type	Amount of Each Disbursement this Period 1084.50
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1146.35

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Georgetown Post Inc</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 3299 K St NW Ste 101		<b>Transaction ID : VQBGB9HKHB5</b>
City Washington	State DC Zip Code 20007-4444	
Purpose of Disbursement Audio Services	Category/Type	Amount of Each Disbursement this Period 1647.44
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HJZP3</b>
City Itasca	State IL Zip Code 60143-1216	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 9.95
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK002</b>
City Itasca	State IL Zip Code 60143-1216	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 9.95
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1667.34

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK091</b>
City Itasca	State IL	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 19.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK0G7</b>
City Itasca	State IL	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 23.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK0T6</b>
City Itasca	State IL	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 14.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

**Subtotal Of Receipts This Page** (optional)..... 58.85

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK161</b>
City Itasca	State IL	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 7.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK1P7</b>
City Itasca	State IL	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 3.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK255</b>
City Itasca	State IL	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 3.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... \$ 13.50

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK2H0</b>
City Itasca	State IL	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 3.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK2P0</b>
City Itasca	State IL	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 3.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK2T1</b>
City Itasca	State IL	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 3.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 9.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK2V9</b>
City Itasca	State IL	
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="7.95"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adam Goers</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 442 M St NW Apt 3		<b>Transaction ID : VQBGB9HKAJ5</b>
City Washington	State DC	
Purpose of Disbursement Reimbursement Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="878.77"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Amtrak</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQBGB9HKPR8</b>
City Baltimore	State MD	
Purpose of Disbursement Travel Expenses	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="250.50"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>Subtotal Of Receipts This Page</b> (optional).....	<input type="text" value="886.72"/>
<b>Total This Period</b> (last page this line number only).....	<input type="text"/>

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HKPQ0</b>
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Airfare	Category/Type	Amount of Each Disbursement this Period 429.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Daniel Stephen Goetzel</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 7920 Robison Rd		<b>Transaction ID : VQBGB9HJT31</b>
City Bethesda	State MD Zip Code 20817-6929	
Purpose of Disbursement Reimbursement Expense	Category/Type	Amount of Each Disbursement this Period 283.01
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GoAir</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1250 N Arlington Heights Rd Ste 500		<b>Transaction ID : VQBGB9HK3D9</b>
City Itasca	State IL Zip Code 60143-1216	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 14.95
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> *
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 283.01

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Daniel Stephen Goetzel</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 7920 Robison Rd		<b>Transaction ID : VQBGB9HK3B4</b>
City Bethesda	State MD	
Purpose of Disbursement Mileage Reimbursement	Candidate Name	Amount of Each Disbursement this Period 2015 102.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Daniel Stephen Goetzel</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7920 Robison Rd		<b>Transaction ID : VQBGB9HJT73</b>
City Bethesda	State MD	
Purpose of Disbursement Reimbursement Expense	Candidate Name	Amount of Each Disbursement this Period 2015 2716.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Alamo Rent a Car</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 600 Corporate Park Dr		<b>Transaction ID : VQBGB9HKJD3</b>
City Saint Louis	State MO	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 2015 117.49
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 2716.55

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Daniel Stephen Goetzel</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7920 Robison Rd		<b>Transaction ID : VQBGB9HKJM9</b>
City Bethesda	State MD	
Purpose of Disbursement Mileage Reimbursement	Candidate Name	Amount of Each Disbursement this Period 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Wine Market</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 921 E Fort Ave		<b>Transaction ID : VQBGB9HKJG7</b>
City Baltimore	State MD	
Purpose of Disbursement Catering Services	Candidate Name	Amount of Each Disbursement this Period 2428.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HKJJ3</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 4.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Daniel Stephen Goetzel</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 7920 Robison Rd		<b>Transaction ID : VQBGB9HKEW3</b>
City Bethesda	State MD	
Purpose of Disbursement Reimbursement Expense	Category/ Type	Amount of Each Disbursement this Period 87.80
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Daniel Stephen Goetzel</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 7920 Robison Rd		<b>Transaction ID : VQBGB9HKGA4</b>
City Bethesda	State MD	
Purpose of Disbursement Mileage Reimbursement	Category/ Type	Amount of Each Disbursement this Period 18.80
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 1600 Amphitheatre Pkwy		<b>Transaction ID : VQBGB9HJWX2</b>
City Mountain View	State CA	
Purpose of Disbursement Technology	Category/ Type	Amount of Each Disbursement this Period 592.64
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 680.44

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 1600 Amphitheatre Pkwy		<b>Transaction ID : VQGBG9HK9T5</b>
City Mountain View	State CA	
Purpose of Disbursement Technology	Candidate Name	Amount of Each Disbursement this Period 925.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Erin E. Gorman</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 628 N Calvert St		<b>Transaction ID : VQGBG9HJSV1</b>
City Baltimore	State MD	
Purpose of Disbursement Reimbursement Expense	Candidate Name	Amount of Each Disbursement this Period 220.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. MD State Dept of Assessments and Taxation</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 301 W Preston St		<b>Transaction ID : VQGBG9HJTR7</b>
City Baltimore	State MD	
Purpose of Disbursement Filing Fee	Candidate Name	Amount of Each Disbursement this Period 220.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 925.41

Total This Period (last page this line number only).....



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) **PAGE 657 / 772**

<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26	<input type="checkbox"/>	27a
<input type="checkbox"/>	27b	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

<b>A. Erin E. Gorman</b> Full Name (Last, First, Middle Initial) Mailing Address 628 N Calvert St City Baltimore State MD Zip Code 21202-3653 Purpose of Disbursement Reimbursement Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Date of Disbursement MM / DD / YYYY 08 / 13 / 2015 <b>Transaction ID : VQBGB9HKAG9</b> Amount of Each Disbursement this Period 232.06
<b>B. Grassroots, SG, LLC</b> Full Name (Last, First, Middle Initial) Mailing Address 1725 Desales St NW Ste 650 City Washington State DC Zip Code 20036-4409 Purpose of Disbursement Political Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Date of Disbursement MM / DD / YYYY 07 / 01 / 2015 <b>Transaction ID : VQBGB9HJ6V0</b> Amount of Each Disbursement this Period 12000.00
<b>c. Green Alliance LLC</b> Full Name (Last, First, Middle Initial) Mailing Address 75 Congress St Ste 304 City Portsmouth State NH Zip Code 03801-4062 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Date of Disbursement MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : VQBGB9HKHV1</b> Amount of Each Disbursement this Period 600.00

**Subtotal Of Receipts This Page (optional)** ..... 12832.06

**Total This Period (last page this line number only)** .....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Matthew Greff</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 114 E Washington St		<b>Transaction ID : VQCFK9KQMQ11</b>
City Ann Arbor	State MI Zip Code 48104-1905	
Purpose of Disbursement Room Rental	Category/Type	Amount of Each Disbursement this Period 386.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	* In-Kind Received
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Carlee Griffeth</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1020 Park Ave		<b>Transaction ID : VQGB9HJTH2</b>
City Baltimore	State MD Zip Code 21201-5640	
Purpose of Disbursement Mileage Reimbursement Expense	Category/Type	Amount of Each Disbursement this Period 37.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>c. Guardian Dental</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address PO Box 659032		<b>Transaction ID : VQGB9HJWJ5</b>
City Sacramento	State CA Zip Code 95865-9032	
Purpose of Disbursement Health Insurance	Category/Type	Amount of Each Disbursement this Period 2012.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**Subtotal Of Receipts This Page** (optional)..... 2435.60

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Guardian Dental</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address PO Box 659032		<b>Transaction ID : VQBGB9HJS81</b>
City Sacramento	State CA Zip Code 95865-9032	
Purpose of Disbursement Insurance	Candidate Name	Amount of Each Disbursement this Period 1422.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Guardian Dental</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address PO Box 659032		<b>Transaction ID : VQBGB9HKHT3</b>
City Sacramento	State CA Zip Code 95865-9032	
Purpose of Disbursement Insuranse	Candidate Name	Amount of Each Disbursement this Period 1353.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. H&amp;W Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3616 Oak Ln		<b>Transaction ID : VQBGB9HJ6S4</b>
City Mount Rainier	State MD Zip Code 20712-2128	
Purpose of Disbursement Printing Services	Candidate Name	Amount of Each Disbursement this Period 14915.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 17690.51

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. H&amp;W Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3616 Oak Ln		<b>Transaction ID : VQBGB9HJ6T2</b>
City Mount Rainier	State MD	
Purpose of Disbursement Printing Expense	Candidate Name	Amount of Each Disbursement this Period 732.62
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. H&amp;W Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3616 Oak Ln		<b>Transaction ID : VQBGB9HKE51</b>
City Mount Rainier	State MD	
Purpose of Disbursement Printing Services	Candidate Name	Amount of Each Disbursement this Period 688.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. H&amp;W Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3616 Oak Ln		<b>Transaction ID : VQBGB9HKE69</b>
City Mount Rainier	State MD	
Purpose of Disbursement Printing Services	Candidate Name	Amount of Each Disbursement this Period 80.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1501.30

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. H&amp;W Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3616 Oak Ln		<b>Transaction ID : VQBGB9HJS65</b>
City Mount Rainier	State MD	
Zip Code 20712-2128	Purpose of Disbursement Printing Services	Amount of Each Disbursement this Period 7193.16
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. H&amp;W Printing</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 3616 Oak Ln		<b>Transaction ID : VQBGB9HKDG5</b>
City Mount Rainier	State MD	
Zip Code 20712-2128	Purpose of Disbursement Printing Service	Amount of Each Disbursement this Period 871.52
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. H&amp;W Printing</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 3616 Oak Ln		<b>Transaction ID : VQBGB9HKDN5</b>
City Mount Rainier	State MD	
Zip Code 20712-2128	Purpose of Disbursement Printing Services	Amount of Each Disbursement this Period 574.88
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 8639.56

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Eric Haynes</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 219 Summer St		<b>Transaction ID : VQBGB9HJRA4</b>
City Somerville	State MA	
Zip Code 02143-2320		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement Photography Services	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. High Tech World, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address PO Box 285		<b>Transaction ID : VQBGB9HKDQ0</b>
City White Marsh	State MD	
Zip Code 21162-0285		Amount of Each Disbursement this Period 1027.27
Purpose of Disbursement Equipment Rental	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>c. High Tech World, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address PO Box 285		<b>Transaction ID : VQBGB9HKHF6</b>
City White Marsh	State MD	
Zip Code 21162-0285		Amount of Each Disbursement this Period 271.13
Purpose of Disbursement Equipment Rental	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

**Subtotal Of Receipts This Page** (optional)..... 2798.40

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Hilton Urban Tavern</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 333 Ofarrell St		<b>Transaction ID : VQGBG9HJW78</b>
City San Francisco	State CA	
Zip Code 94102-2116	Purpose of Disbursement Food and Beverage	Amount of Each Disbursement this Period 1328.40
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hotels.com</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 5400 Lbj Fwy Ste 500		<b>Transaction ID : VQGBG9HJYM5</b>
City Dallas	State TX	
Zip Code 75240-1019	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 470.25
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hotels.com</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 5400 Lbj Fwy Ste 500		<b>Transaction ID : VQGBG9HJZ25</b>
City Dallas	State TX	
Zip Code 75240-1019	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 378.56
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 2177.21

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Hotwire</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 333 Market St		<b>Transaction ID : VQBGB9HJYJ9</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 331.86
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hyatt Place</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 418 6th Ave		<b>Transaction ID : VQBGB9HJZA9</b>
City Des Moines	State IA	
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 166.88
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hyatt Place</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 418 6th Ave		<b>Transaction ID : VQBGB9HJZW1</b>
City Des Moines	State IA	
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 166.88
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional).....  665.62

**Total This Period** (last page this line number only).....



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 665 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Hyatt Place</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 418 6th Ave		<b>Transaction ID : VQGBG9HK0S8</b>
City Des Moines	State IA	
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="155.68"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Hyatt Place</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 418 6th Ave		<b>Transaction ID : VQGBG9HK145</b>
City Des Moines	State IA	
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="12.97"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Ikea</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 10100 Baltimore Ave		<b>Transaction ID : VQGBG9HJVZ5</b>
City District Heights	State MD	
Purpose of Disbursement Equipment Purchase	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="381.49"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Ikea</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 10100 Baltimore Ave		<b>Transaction ID : VQGBG9HJWP7</b>
City District Heights	State MD	
Purpose of Disbursement Equipment Purchase	Candidate Name	Amount of Each Disbursement this Period 55.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Innovativetechnology</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2415 Foster Ave Ste 300		<b>Transaction ID : VQGBG9HK544</b>
City Baltimore	State MD	
Purpose of Disbursement Hosting Services	Candidate Name	Amount of Each Disbursement this Period 212.39
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

Full Name (Last, First, Middle Initial) <b>c. Innovativetechnology</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 2415 Foster Ave Ste 300		<b>Transaction ID : VQGBG9HJSA7</b>
City Baltimore	State MD	
Purpose of Disbursement Hosting Services	Candidate Name	Amount of Each Disbursement this Period 5406.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

**Subtotal Of Receipts This Page** (optional)..... 5673.64

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Innovativetechnology</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 2415 Foster Ave Ste 300		<b>Transaction ID : VQBGB9HKDT4</b>
City Baltimore	State MD Zip Code 21224-3634	
Purpose of Disbursement Hosting Services	Candidate Name	Amount of Each Disbursement this Period 332.39
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Innovativetechnology</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 2415 Foster Ave Ste 300		<b>Transaction ID : VQBGB9HKHP2</b>
City Baltimore	State MD Zip Code 21224-3634	
Purpose of Disbursement Hosting Services	Candidate Name	Amount of Each Disbursement this Period 212.39
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Integram</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 8421 Hilltop Rd		<b>Transaction ID : VQBGB9HJRV8</b>
City Fairfax	State VA Zip Code 22031-4301	
Purpose of Disbursement Direct Mail Services	Candidate Name	Amount of Each Disbursement this Period 12930.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 13475.25

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Iowa Democratic Party</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 5661 Fleur Dr		<b>Transaction ID : VQBGB9HJW86</b>
City Des Moines	State IA	
Purpose of Disbursement VAN Database	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Iowa Democratic Party</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 5661 Fleur Dr		<b>Transaction ID : VQBGB9HKA28</b>
City Des Moines	State IA	
Purpose of Disbursement VAN Database	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>c. Iowa Workforce</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 600 S Pierce Ave		<b>Transaction ID : VQBGB9HKDA8</b>
City Mason City	State IA	
Purpose of Disbursement Taxes	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="228.83"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Jackie Brot Weinberg JBW Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 601 E 20th St Apt 10F		<b>Transaction ID : VQBGB9HJ6R6</b>
City New York	State NY	
Purpose of Disbursement Fundraising Consulting Services		Amount of Each Disbursement this Period 7000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Jackie Brot Weinberg JBW Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 601 E 20th St Apt 10F		<b>Transaction ID : VQBGB9HKAQ4</b>
City New York	State NY	
Purpose of Disbursement Fundraising Consulting Services		Amount of Each Disbursement this Period 7000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Jackie Brot Weinberg JBW Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 601 E 20th St Apt 10F		<b>Transaction ID : VQBGB9HKH81</b>
City New York	State NY	
Purpose of Disbursement Fundraising Consulting Services		Amount of Each Disbursement this Period 5000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 19000.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Karine Jean-Pierre</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 14040 Weeping Cherry Dr		<b>Transaction ID : VQBGB9HKF38</b>
City Rockville	State MD	
Purpose of Disbursement Reimbursement Expense		Amount of Each Disbursement this Period 946.26
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HKGP9</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 48.41
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>c. Jetblue</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 27.01 Queens Plaza North		<b>Transaction ID : VQBGB9HJWV6</b>
City Long Island City	State NY	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 631.50
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 946.26

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Kelly</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 73 Union Sq		<b>Transaction ID : VQCFK9KQMR9I</b>
City Somerville	State MA	
Purpose of Disbursement Catering		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	* In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jacob Kleinrock</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 6612 Clearbrook Dr		<b>Transaction ID : VQGB9HK459</b>
City Nashville	State TN	
Purpose of Disbursement Reimbursement Expense		Amount of Each Disbursement this Period 61.93
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQGB9HK467</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 25.99
Candidate Name	Category/ Type	* [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1061.93

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Jacob Kleinrock</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 6612 Clearbrook Dr		<b>Transaction ID : VQBGB9HK483</b>
City Nashville	State TN	
Purpose of Disbursement Reimbursement Expense	Candidate Name	Amount of Each Disbursement this Period \$ 29.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK4A9</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 5.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	[MEMO ITEM] *	

Full Name (Last, First, Middle Initial) <b>c. Jacob Kleinrock</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 6612 Clearbrook Dr		<b>Transaction ID : VQBGB9HKF04</b>
City Nashville	State TN	
Purpose of Disbursement Reimbursement Expense	Candidate Name	Amount of Each Disbursement this Period \$ 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... **\$ 49.38**

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Koch Brothers</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 301 E Locust St		<b>Transaction ID : VQBGB9HJQP6</b>
City Des Moines	State IA	
Purpose of Disbursement Equipment Rental	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 627.20
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Koch Brothers</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 301 E Locust St		<b>Transaction ID : VQBGB9HJSC3</b>
City Des Moines	State IA	
Purpose of Disbursement Equipment Rental	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 241.49
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Koch Brothers</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 301 E Locust St		<b>Transaction ID : VQBGB9HKA78</b>
City Des Moines	State IA	
Purpose of Disbursement Equipment Rental	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 252.56
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional).....  1121.25

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Michael Kurtz</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 3828 Georgia Ave NW 315		<b>Transaction ID : VQBGB9HJQW3</b>
City Washington	State DC Zip Code 20011-5954	
Purpose of Disbursement Staff Reimburseent	Category/Type	Amount of Each Disbursement this Period 1041.38
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Majestic Hotel</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 528 W Brompton Ave		<b>Transaction ID : VQBGB9HJQY9</b>
City Chicago	State IL Zip Code 60657-1828	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 259.80
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Majestic Hotel</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 528 W Brompton Ave		<b>Transaction ID : VQBGB9HJQZ7</b>
City Chicago	State IL Zip Code 60657-1828	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 259.80
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> *
State: District:		

Subtotal Of Receipts This Page (optional)..... 1041.38

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Marriott</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 296 State St		<b>Transaction ID : VQBGB9HJR05</b>
City Boston State MA Zip Code 02109-2606	Amount of Each Disbursement this Period 227.75	
Purpose of Disbursement Travel Expense	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HJR21</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period 43.24	
Purpose of Disbursement Travel Expense	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HJR39</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period 43.52	
Purpose of Disbursement Travel Expense	Candidate Name	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)  
**A. Michael Kurtz**

Mailing Address **3828 Georgia Ave NW  
315**

City **Washington** State **DC** Zip Code **20011-5954**

Purpose of Disbursement  
**Reimbursement expense**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**07 / 30 / 2015**

**Transaction ID : VQBGB9HJTD0**

Amount of Each Disbursement this Period  
**1103.98**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Courtyard by Marriott**

Mailing Address **10400 Fernwood Rd**

City **Bethesda** State **MD** Zip Code **20817-1102**

Purpose of Disbursement  
**Travel Expense**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**07 / 30 / 2015**

**Transaction ID : VQBGB9HK4X9**

Amount of Each Disbursement this Period  
**227.75**

Category/Type

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**c. Hilton San Diego**

Mailing Address **1 Park Blvd**

City **San Diego** State **CA** Zip Code **92101-7897**

Purpose of Disbursement  
**Travel Expense**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**07 / 30 / 2015**

**Transaction ID : VQBGB9HK4Y7**

Amount of Each Disbursement this Period  
**579.46**

Category/Type

**[MEMO ITEM]**  
\*

Subtotal Of Receipts This Page (optional)..... **1103.98**

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Hilton San Diego</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1 Park Blvd		<b>Transaction ID : VQBGB9HK4Z4</b>
City San Diego State CA Zip Code 92101-7897	Amount of Each Disbursement this Period 296.77	
Purpose of Disbursement Travel expense	Category/Type	<b>[MEMO ITEM]</b> *
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Kurtz</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 3828 Georgia Ave NW 315		<b>Transaction ID : VQBGB9HKF46</b>
City Washington State DC Zip Code 20011-5954	Amount of Each Disbursement this Period 132.92	
Purpose of Disbursement Reimbursement Expense	Category/Type	<b>[MEMO ITEM]</b> *
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HKGT1</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period 42.00	
Purpose of Disbursement Travel Expense	Category/Type	<b>[MEMO ITEM]</b> *
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 132.92

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Whitney Larsen</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 405 SW 8th St		<b>Transaction ID : VQBGB9HKF70</b>
City Des Moines	State IA	
Purpose of Disbursement Reimbursement Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="91.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. LexisNexis</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO Box 7247		<b>Transaction ID : VQBGB9HJRR5</b>
City Philadelphia	State PA	
Purpose of Disbursement Research Services	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1331.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. LexisNexis</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO Box 7247		<b>Transaction ID : VQBGB9HJST3</b>
City Philadelphia	State PA	
Purpose of Disbursement Research Services	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1081.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Liberty Utilities</b>		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
Mailing Address PO Box 1380		<b>Transaction ID : VQBGB9HKJ19</b>
City Londonderry	State NH Zip Code 03053-1380	
Purpose of Disbursement Office Utilities	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="725.49"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Light This Productions</b>		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
Mailing Address 3115 99th St		<b>Transaction ID : VQBGB9HJSD0</b>
City Urbandale	State IA Zip Code 50322-3824	
Purpose of Disbursement Teleprompter Services	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="410.75"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>c. Local Politechs Strategies, LLC</b>		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address 3430 Connecticut Ave NW Unit 11941		<b>Transaction ID : VQBGB9HJ6Y4</b>
City Washington	State DC Zip Code 20008-7556	
Purpose of Disbursement Website Design and Hosting	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="24733.22"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Martin-Lauer Associates, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1010 Hull St Ste 202		<b>Transaction ID : VQBGB9HJ6Q8</b>
City Baltimore	State MD Zip Code 21230-5330	
Purpose of Disbursement Fundraising Consulting Services		Amount of Each Disbursement this Period 20009.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Martin-Lauer Associates, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1010 Hull St Ste 202		<b>Transaction ID : VQBGB9HJS73</b>
City Baltimore	State MD Zip Code 21230-5330	
Purpose of Disbursement Fundraising Consulting Services		Amount of Each Disbursement this Period 16156.82
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Martin-Lauer Associates, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 1010 Hull St Ste 202		<b>Transaction ID : VQBGB9HKDK9</b>
City Baltimore	State MD Zip Code 21230-5330	
Purpose of Disbursement Fundraising Consulting Services		Amount of Each Disbursement this Period 7545.32
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 43711.14

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)  
**A. Martin-Lauer Associates, LLC**

Mailing Address 1010 Hull St  
Ste 202

City Baltimore State MD Zip Code 21230-5330

Purpose of Disbursement Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : **VQGBG9HKHC3**

Amount of Each Disbursement this Period  
10000.00

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Louis McDonald**

Mailing Address 22 Lincoln Ave

City Totowa State NJ Zip Code 07512-2736

Purpose of Disbursement Field Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **VQGBG9HKAH7**

Amount of Each Disbursement this Period  
1000.00

Category/Type

Full Name (Last, First, Middle Initial)  
**c. Sonya McGrady**

Mailing Address 1707 N Charles Street

City Baltimore State MD Zip Code 21201-5801

Purpose of Disbursement Staff Reimbursentt

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 09 / 2015

Transaction ID : **VQGBG9HJQV5**

Amount of Each Disbursement this Period  
121.90

Category/Type

Subtotal Of Receipts This Page (optional)..... 11121.90

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Liliana Medina</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address PO Box 70344 PO Box 70344		<b>Transaction ID : VQBGB9HKPM6</b>
City San Juan	State PR	
Purpose of Disbursement Debt Repayment - Refund of Excessive Contribution		Amount of Each Disbursement this Period 2700.00
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. MidAmerican Energy</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO Box 8020		<b>Transaction ID : VQBGB9HJRQ7</b>
City Davenport	State IA	
Purpose of Disbursement Office Utilities		Amount of Each Disbursement this Period 635.42
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. MidAmerican Energy</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address PO Box 8020		<b>Transaction ID : VQBGB9HKA44</b>
City Davenport	State IA	
Purpose of Disbursement Utilities		Amount of Each Disbursement this Period 307.64
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 943.06

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Sarah Miller</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 1654 Euclid St NW		<b>Transaction ID : VQBGB9HKAN8</b>
City Washington	State DC	
Zip Code 20009-5634	Purpose of Disbursement Policy Consulting Services	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sarah Miller</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 1654 Euclid St NW		<b>Transaction ID : VQBGB9HKF95</b>
City Washington	State DC	
Zip Code 20009-5634	Purpose of Disbursement Policy Consulting Services	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mt Madison Inn</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 365 Main St		<b>Transaction ID : VQBGB9HJZ00</b>
City Gorham	State NH	
Zip Code 03581-1117	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 152.59
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 4652.59

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Mt Madison Inn</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 365 Main St		<b>Transaction ID : VQBGB9HJZ59</b>
City Gorham	State NH	
Zip Code 03581-1117	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 92.64
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. New Hampshire Democratic Party</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 105 N State St		<b>Transaction ID : VQBGB9HKDE9</b>
City Concord	State NH	
Zip Code 03301-4334	Purpose of Disbursement VAN Database	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. NFP Property and Casualty Servises</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 707 Westchester Ave		<b>Transaction ID : VQBGB9HJRS2</b>
City White Plains	State NY	
Zip Code 10604-3102	Purpose of Disbursement Insurance	Amount of Each Disbursement this Period 29156.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 34248.64

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 1101 15th St NW Ste 500		<b>Transaction ID : VQGBG9HJSE8</b>
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Software Services	Category/Type	Amount of Each Disbursement this Period 13300.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 1101 15th St NW Ste 500		<b>Transaction ID : VQGBG9HKEM0</b>
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Software Services	Category/Type	Amount of Each Disbursement this Period 1050.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. David Niven</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address PO Box 28		<b>Transaction ID : VQGBG9HKAM0</b>
City Worthington	State OH Zip Code 43085-0028	
Purpose of Disbursement Communications Consulting Services	Category/Type	Amount of Each Disbursement this Period 5000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 19350.00

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. David Niven</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address PO Box 28		<b>Transaction ID : VQBGB9HKAP6</b>
City Worthington	State OH	
Purpose of Disbursement Communications Consulting Services	Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. David Niven</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address PO Box 28		<b>Transaction ID : VQBGB9HKAR2</b>
City Worthington	State OH	
Purpose of Disbursement Communications Consulting Services	Candidate Name	Amount of Each Disbursement this Period 5234.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. David Niven</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address PO Box 28		<b>Transaction ID : VQBGB9HKF62</b>
City Worthington	State OH	
Purpose of Disbursement Communications Consulting Services	Candidate Name	Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 12734.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Nomad Sound System</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 5605 General Washington Dr		<b>Transaction ID : VQBGB9HJW45</b>
City Alexandria	State VA Zip Code 22312-2403	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 2479.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. North Pointe Park, L.C.</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 800 2nd St Ste 200		<b>Transaction ID : VQBGB9HKA36</b>
City Coralville	State IA Zip Code 52241-2672	
Purpose of Disbursement Office Rent	Candidate Name	Amount of Each Disbursement this Period 1005.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. North Pointe Park, L.C.</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 800 2nd St Ste 200		<b>Transaction ID : VQBGB9HKHK8</b>
City Coralville	State IA Zip Code 52241-2672	
Purpose of Disbursement Office Rent	Candidate Name	Amount of Each Disbursement this Period 1005.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 2479.31

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. NY Party and Linen Rental</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 123 9th Ave		<b>Transaction ID : VQBGB9HJWG0</b>
City Richmond Hill      State NY      Zip Code 11419	Amount of Each Disbursement this Period 606.43	
Purpose of Disbursement Food and Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House      Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	State:      District:	

Full Name (Last, First, Middle Initial) <b>B. O' Say Can You See - Federal PAC</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address PO Box 468		<b>Transaction ID : VQBGB9HJRY2</b>
City Annapolis      State MD      Zip Code 21404-0468	Amount of Each Disbursement this Period 1196.03	
Purpose of Disbursement Reimbursed Expense - See Below	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House      Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	State:      District:	

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HKPD1</b>
City San Francisco      State CA      Zip Code 94105-2999	Amount of Each Disbursement this Period 1196.03	
Purpose of Disbursement Travel Expenses	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House      Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	State:      District:	<b>[MEMO ITEM]</b> *

**Subtotal Of Receipts This Page** (optional)..... 1802.46

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)

**A. O' Say Can You See - Federal PAC**

Mailing Address PO Box 468

City Annapolis State MD Zip Code 21404-0468

Purpose of Disbursement  
Reimbursed Expense - See Below

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Transaction ID : VQBGB9HKEN7

Amount of Each Disbursement this Period

4	0	1	.	1	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Transaction ID : VQBGB9HKPC3

Amount of Each Disbursement this Period

4	0	1	.	1	5
---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**c. Joseph O'Hern**

Mailing Address 6085 Greywood Cir

City Johnston State IA Zip Code 50131

Purpose of Disbursement  
Reimbursement Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

Transaction ID : VQBGB9HKF20

Amount of Each Disbursement this Period

9	2	.	3	5
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Subtotal Of Receipts This Page (optional).....

4	9	3	.	5	0
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Total This Period (last page this line number only).....

4	9	3	.	5	0
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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. National Rent a car</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address PO Box 347		<b>Transaction ID : VQBGB9HKGM3</b>
City Hanover	State MD	
Zip Code 21076-0347	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 64.45
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Jacob Michael Oeth</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 300 Walnut St Ste 125		<b>Transaction ID : VQBGB9HKF12</b>
City Des Moines	State IA	
Zip Code 50309-2260	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 221.46
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. The Home Depot</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 6315 Eastern Ave		<b>Transaction ID : VQBGB9HKMG1</b>
City Baltimore	State MD	
Zip Code 21224-2912	Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 221.46
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 221.46

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. David Opong-Wadee</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 739 Gleneagles Dr		<b>Transaction ID : VQBGB9HKEX1</b>
City Fort Washington	State MD	
Zip Code 20744-7006	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 242.75
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Avis Rent a Car</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 101 W Fayette St 101 W Fayette Street		<b>Transaction ID : VQBGB9HKGB2</b>
City Baltimore	State MD	
Zip Code 21201-3757	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 141.24
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Priceline</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 800 Connecticut Ave.		<b>Transaction ID : VQBGB9HKGC0</b>
City Norwalk	State CT	
Zip Code 06854	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 49.51
Candidate Name	Category/ Type	[MEMO ITEM] *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 242.75

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Annie Osborne</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1744 V St NW		<b>Transaction ID : VQBGB9HJSY2</b>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 62.54	
Purpose of Disbursement Reimbursement Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HJV18</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period 52.54	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. Annie Osborne</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1744 V St NW		<b>Transaction ID : VQBGB9HK969</b>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 137.62	
Purpose of Disbursement Reimbursement Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 200.16

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK9M8</b>
City San Francisco	State CA	
Zip Code 94105-2999	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 89.87
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ourso Beychok, Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 2 Concourse Pkwy Ste 800		<b>Transaction ID : VQBGB9HKDY6</b>
City Atlanta	State GA	
Zip Code 30328-5588	Purpose of Disbursement Direct Mail Services	Amount of Each Disbursement this Period 22000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ourso Beychok, Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 2 Concourse Pkwy Ste 800		<b>Transaction ID : VQBGB9HKE19</b>
City Atlanta	State GA	
Zip Code 30328-5588	Purpose of Disbursement Postage	Amount of Each Disbursement this Period 12000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 34000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Ben Page-Gil</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 127 Timbercove Cir SW		<b>Transaction ID : VQBGB9HKAF1</b>
City Madison	State AL	
Purpose of Disbursement Field Consulting	Candidate Name	Amount of Each Disbursement this Period 1085.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Paypal</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 2211 N 1st St		<b>Transaction ID : VQBGB9HJXQ6</b>
City San Jose	State CA	
Purpose of Disbursement Equipment Purchase	Candidate Name	Amount of Each Disbursement this Period 2497.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Paypal</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 2211 N 1st St		<b>Transaction ID : VQBGB9HJY98</b>
City San Jose	State CA	
Purpose of Disbursement Equipment Purchase	Candidate Name	Amount of Each Disbursement this Period 2249.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 5831.11

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Mitchellson Perez</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address PO Box 70344 PO Box 70344		<b>Transaction ID : VQBGB9HKPK8</b>
City San Juan	State PR	
Purpose of Disbursement Debt Repayment - Refund of Excessive Contribution		Amount of Each Disbursement this Period 2700.00
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 900 E Fayette St		<b>Transaction ID : VQBGB9HJW94</b>
City Baltimore	State MD	
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 100.00
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Postmaster</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 900 E Fayette St		<b>Transaction ID : VQBGB9HJWN9</b>
City Baltimore	State MD	
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 100.00
Candidate Name		<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 200.00

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Postmaster</b>		<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>27</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		27		2015
M M	/	D D	/	Y Y Y Y									
07		27		2015									
Mailing Address 900 E Fayette St		<b>Transaction ID : VQGBG9HJXM2</b>											
City	State	Zip Code	Amount of Each Disbursement this Period										
Baltimore	MD	21233-9998											
Purpose of Disbursement Postage		Category/ Type	<table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00									
100.00													
Candidate Name													
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Postmaster</b>		<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>27</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		27		2015
M M	/	D D	/	Y Y Y Y									
07		27		2015									
Mailing Address 900 E Fayette St		<b>Transaction ID : VQGBG9HJYD9</b>											
City	State	Zip Code	Amount of Each Disbursement this Period										
Baltimore	MD	21233-9998											
Purpose of Disbursement Postage		Category/ Type	<table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00									
100.00													
Candidate Name													
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Postmaster</b>		<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>27</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		27		2015
M M	/	D D	/	Y Y Y Y									
07		27		2015									
Mailing Address 900 E Fayette St		<b>Transaction ID : VQGBG9HJYY4</b>											
City	State	Zip Code	Amount of Each Disbursement this Period										
Baltimore	MD	21233-9998											
Purpose of Disbursement Postage		Category/ Type	<table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00									
50.00													
Candidate Name													
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

**Subtotal Of Receipts This Page** (optional)..... 

250.00
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**Total This Period** (last page this line number only)..... 

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Postmaster</b>		<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>27</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		27		2015
M M	/	D D	/	Y Y Y Y									
07		27		2015									
Mailing Address 900 E Fayette St		<b>Transaction ID : VQGB9HKE77</b>											
City	State	Zip Code	Amount of Each Disbursement this Period										
Baltimore	MD	21233-9998											
Purpose of Disbursement Postage		Category/ Type	<table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00									
50.00													
Candidate Name													
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Postmaster</b>		<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>28</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		28		2015
M M	/	D D	/	Y Y Y Y									
07		28		2015									
Mailing Address 900 E Fayette St		<b>Transaction ID : VQGB9HJZC4</b>											
City	State	Zip Code	Amount of Each Disbursement this Period										
Baltimore	MD	21233-9998											
Purpose of Disbursement Postage		Category/ Type	<table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00									
50.00													
Candidate Name													
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Postmaster</b>		<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>28</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		28		2015
M M	/	D D	/	Y Y Y Y									
07		28		2015									
Mailing Address 900 E Fayette St		<b>Transaction ID : VQGB9HJZH4</b>											
City	State	Zip Code	Amount of Each Disbursement this Period										
Baltimore	MD	21233-9998											
Purpose of Disbursement Postage		Category/ Type	<table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00									
50.00													
Candidate Name													
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

**Subtotal Of Receipts This Page** (optional)..... 

150.00
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**Total This Period** (last page this line number only)..... 

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# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 698 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 900 E Fayette St		<b>Transaction ID : VQBGB9HKDC4</b>
City Baltimore	State MD	
Purpose of Disbursement Postage	Candidate Name	Amount of Each Disbursement this Period 15.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address 900 E Fayette St		<b>Transaction ID : VQBGB9HKHZ3</b>
City Baltimore	State MD	
Purpose of Disbursement Postage	Candidate Name	Amount of Each Disbursement this Period 150.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Potbelly</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 222 Merchandise Mart Plz		<b>Transaction ID : VQBGB9HJW9</b>
City Chicago	State IL	
Purpose of Disbursement Food and Beverage	Candidate Name	Amount of Each Disbursement this Period 193.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 359.97

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Potbelly</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 222 Merchandise Mart Plz		<b>Transaction ID : VQGBG9HJXW5</b>
City Chicago	State IL Zip Code 60654-1172	
Purpose of Disbursement Food and Beverage	Category/Type	Amount of Each Disbursement this Period 152.59
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marie Prentice</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 54 Elm St		<b>Transaction ID : VQGBG9HJTC2</b>
City Clinton	State MA Zip Code 01510-2308	
Purpose of Disbursement Field Consulting Services	Category/Type	Amount of Each Disbursement this Period 2750.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Prestige Square LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 607 14th St		<b>Transaction ID : VQGBG9HJSF6</b>
City Sioux City	State IA Zip Code 51105-1210	
Purpose of Disbursement Office Rent	Category/Type	Amount of Each Disbursement this Period 1125.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 4027.59

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 700 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)

**A. Prestige Square LLC**

Mailing Address 607 14th St

City State Zip Code  
Sioux City IA 51105-1210

Purpose of Disbursement  
Office Rent

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2015

Transaction ID : VQBGB9HKA02

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**B. Prestige Square LLC**

Mailing Address 607 14th St

City State Zip Code  
Sioux City IA 51105-1210

Purpose of Disbursement  
Office Rent

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2015

Transaction ID : VQBGB9HKDX8

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**c. Priceline**

Mailing Address 800 Connecticut Ave.

City State Zip Code  
Norwalk CT 06854

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : VQBGB9HJZK0

Amount of Each Disbursement this Period

215.50
--------

Subtotal Of Receipts This Page (optional)..... 1715.50

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Priceline</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 800 Connecticut Ave.		<b>Transaction ID : VQGBG9HK050</b>
City Norwalk	State CT	
Zip Code 06854	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 2015 109.43
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PSAV Presentation Services</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 23918 Network Pl		<b>Transaction ID : VQGBG9HKHR8</b>
City Chicago	State IL	
Zip Code 60673-1239	Purpose of Disbursement Equipment Rental	Amount of Each Disbursement this Period 2015 329.46
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Qualls Communications</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 304 Prince St		<b>Transaction ID : VQGBG9HJPZ4</b>
City Alexandria	State VA	
Zip Code 22314-3316	Purpose of Disbursement Media Services	Amount of Each Disbursement this Period 2015 2475.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2913.89

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Elsie Raymer</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1200 Elm St		<b>Transaction ID : VQBGB9HJTF6</b>
City Manchester	State NH	
Zip Code 03101-2501	Purpose of Disbursement Reimbursed Travel Expenses	Amount of Each Disbursement this Period 9,999.99 291.32
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Eric Resnick</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 7707 Wisconsin Ave		<b>Transaction ID : VQBGB9HKEY9</b>
City Bethesda	State MD	
Zip Code 20814	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 9,999.99 45.25
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Samuel Salustro</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 101 E. Mount Royal #703 Apt 703		<b>Transaction ID : VQBGB9HKF54</b>
City Baltimore	State MD	
Zip Code 21202	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 9,999.99 86.18
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 422.75

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)  
**A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, P.C.**

Mailing Address 1025 Vermont Ave NW  
Ste 300

City Washington State DC Zip Code 20005-6302

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 09 / 2015

**Transaction ID : VQBGB9HJRP9**

Amount of Each Disbursement this Period  
7500.00

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, P.C.**

Mailing Address 1025 Vermont Ave NW  
Ste 300

City Washington State DC Zip Code 20005-6302

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 14 / 2015

**Transaction ID : VQBGB9HKE02**

Amount of Each Disbursement this Period  
5000.00

Category/Type

Full Name (Last, First, Middle Initial)  
**c. Matt Sheaff**

Mailing Address 500 Merrimack St

City Manchester State NH Zip Code 03103-4138

Purpose of Disbursement  
Reimbursed Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 16 / 2015

**Transaction ID : VQBGB9HJT49**

Amount of Each Disbursement this Period  
506.41

Category/Type

**Subtotal Of Receipts This Page** (optional)..... 13006.41

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 704 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Matt Sheaff</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 500 Merrimack St		<b>Transaction ID : VQGB9HJT81</b>
City Manchester	State NH	
Purpose of Disbursement Reimbursement Expense	Category/ Type	Amount of Each Disbursement this Period 352.71
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheraton</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 340 N 3rd St		<b>Transaction ID : VQGB9HK036</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense	Category/ Type	Amount of Each Disbursement this Period 111.15
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheraton</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 340 N 3rd St		<b>Transaction ID : VQGB9HK0R0</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense	Category/ Type	Amount of Each Disbursement this Period 111.15
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 352.71

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Sheraton</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 340 N 3rd St		<b>Transaction ID : VQGB9HK137</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 111.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Sheraton</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 340 N 3rd St		<b>Transaction ID : VQGB9HK1H7</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 144.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Sheraton</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 340 N 3rd St		<b>Transaction ID : VQGB9HK1T9</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 144.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 400.11

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 706 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Sheraton</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 340 N 3rd St		<b>Transaction ID : VQBGB9HK206</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense	<input type="checkbox"/>	Amount of Each Disbursement this Period 144.48
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheraton</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 340 N 3rd St		<b>Transaction ID : VQBGB9HK271</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense	<input type="checkbox"/>	Amount of Each Disbursement this Period 116.76
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheraton</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 340 N 3rd St		<b>Transaction ID : VQBGB9HK2C1</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense	<input type="checkbox"/>	Amount of Each Disbursement this Period 116.76
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 378.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 707 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Siegel Strategies</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 41 W 58th St # 8C		<b>Transaction ID : VQBGB9HJWC8</b>
City New York	State NY	
Zip Code 10019-1617	Purpose of Disbursement Video Production	Amount of Each Disbursement this Period 50000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lis Smith</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 8005th Ave		<b>Transaction ID : VQBGB9HK552</b>
City New York	State NY	
Zip Code 10065	Purpose of Disbursement Communications Consulting	Amount of Each Disbursement this Period 7500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dr. Steve Sobelman</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 801 Key Hwy Unit 412		<b>Transaction ID : VQBGB9HKPJ0</b>
City Baltimore	State MD	
Zip Code 21230-4099	Purpose of Disbursement Debt Repayment - Refund of Excessive Contribution	Amount of Each Disbursement this Period 490.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**[MEMO ITEM]**  
\*

**Subtotal Of Receipts This Page** (optional)..... 57500.00

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 708 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Kristin Sosanie</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 319 E Locust		<b>Transaction ID : VQBGB9HJTQ9</b>
City Des Moines	State IA	
Purpose of Disbursement Reimbursement expense	Candidate Name	Amount of Each Disbursement this Period 575.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1030 Delta Blvd		<b>Transaction ID : VQBGB9HK4H4</b>
City Atlanta	State GA	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 575.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	[MEMO ITEM] *	

Full Name (Last, First, Middle Initial) <b>c. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQBGB9HJWQ5</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 8.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 583.20

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HJXS1</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 420.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HJYA6</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 448.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HJYR6</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 448.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

**Subtotal Of Receipts This Page** (optional)..... 1316.01

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HJZB6</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 468.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HJZJ2</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 448.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HJZS7</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 196.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 1112.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQBGB9HK010</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 52.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQBGB9HK0B7</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 12.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQBGB9HK0J3</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period \$ 12.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... \$ 77.00

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HK0V4</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 8.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HK129</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 310.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HK1A2</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 589.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 907.50

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HK1J5</b>
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 12.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HK1W4</b>
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 8.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGBG9HK222</b>
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 358.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 378.50

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQBGB9HK297</b>
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 496.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address Dept Dc PO Box 415258		<b>Transaction ID : VQBGB9HJQG9</b>
City Boston	State MA	
Zip Code 02241-0001	Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 359.92
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address Dept Dc PO Box 415258		<b>Transaction ID : VQBGB9HJRZ0</b>
City Boston	State MA	
Zip Code 02241-0001	Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 1621.92
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2477.84

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address Dept Dc PO Box 415258		<b>Transaction ID : VQGBG9HJS24</b>
City Boston	State MA	
Purpose of Disbursement Office Supplies	Category/ Type	Amount of Each Disbursement this Period 874.13
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address Dept Dc PO Box 415258		<b>Transaction ID : VQGBG9HJS57</b>
City Boston	State MA	
Purpose of Disbursement Office Supplies	Category/ Type	Amount of Each Disbursement this Period 457.44
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address Dept Dc PO Box 415258		<b>Transaction ID : VQGBG9HKA86</b>
City Boston	State MA	
Purpose of Disbursement Office Supplies	Category/ Type	Amount of Each Disbursement this Period 354.31
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1685.88

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address Dept Dc PO Box 415258		<b>Transaction ID : VQGB9HKA93</b>
City Boston	State MA	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 712.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address Dept Dc PO Box 415258		<b>Transaction ID : VQGB9HKDM7</b>
City Boston	State MA	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 50.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address Dept Dc PO Box 415258		<b>Transaction ID : VQGB9HKHJ0</b>
City Boston	State MA	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 273.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1036.50

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. John Strelman</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 5920 S. Camargo Way		<b>Transaction ID : VQCFK9KQMG6I</b>
City Littleton	State CO	
Zip Code 80123	Purpose of Disbursement Catering	Amount of Each Disbursement this Period 591.17
Candidate Name	Category/Type	* In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Tackeff</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 652 Central Rd		<b>Transaction ID : VQBGB9HJTN3</b>
City Rye Beach	State NH	
Zip Code 03871-9005	Purpose of Disbursement Travel Expenses	Amount of Each Disbursement this Period 200.00
Candidate Name	Category/Type	* In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Talbot Digital</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 641 S St NW FI 3		<b>Transaction ID : VQBGB9HJS31</b>
City Washington	State DC	
Zip Code 20001-5196	Purpose of Disbursement Digital Consultant	Amount of Each Disbursement this Period 57500.00
Candidate Name	Category/Type	* In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 58291.17

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Samuel Taylor</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 69 Warren St		<b>Transaction ID : VQBGB9HKEA1</b>
City Concord	State NH	
Purpose of Disbursement Field Consulting Expense	Candidate Name	Amount of Each Disbursement this Period 123,456.78 528.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tele Town Hall</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 4600 Fairfax Dr Ste 802		<b>Transaction ID : VQBGB9HJQN8</b>
City Arlington	State VA	
Purpose of Disbursement Paid Calls	Candidate Name	Amount of Each Disbursement this Period 123,456.78 141.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. TF Caterers</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 15131 Southlawn Ln Ste F		<b>Transaction ID : VQBGB9HJQ60</b>
City Rockville	State MD	
Purpose of Disbursement Catering Service	Candidate Name	Amount of Each Disbursement this Period 123,456.78 410.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1080.43

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 719 / 772				
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27a <input type="checkbox"/> 27b <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29					

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. The Classic Catering People</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 99 Painters Mill Rd		<b>Transaction ID : VQBGB9HJS99</b>
City Owings Mills	State MD	
Purpose of Disbursement catering Services		Amount of Each Disbursement this Period 6511.08
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Ink Spot, Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3433 Hampton Ave		<b>Transaction ID : VQBGB9HJQ77</b>
City Saint Louis	State MO	
Purpose of Disbursement Printing Services		Amount of Each Disbursement this Period 2396.62
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Ink Spot, Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 3433 Hampton Ave		<b>Transaction ID : VQBGB9HJSJ0</b>
City Saint Louis	State MO	
Purpose of Disbursement Printing Services		Amount of Each Disbursement this Period 1190.83
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>Subtotal Of Receipts This Page</b> (optional).....	10098.53
<b>Total This Period</b> (last page this line number only).....	

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. The Tidewater Inn</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 101 E Dover St		<b>Transaction ID : VQBGB9HJS16</b>
City Easton	State MD	
Purpose of Disbursement Site rental	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="12193.26"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. The Wine Market Cafe</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 921 E Fort Ave Baltimore		<b>Transaction ID : VQBGB9HJXK4</b>
City Baltimore	State MD	
Purpose of Disbursement Food and Beverage	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="250.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Total AV Systems</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 923 Sligo Ave		<b>Transaction ID : VQBGB9HJSH2</b>
City Silver Spring	State MD	
Purpose of Disbursement Equipment Rental	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1538.60"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. TVEyes, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1150 Post Rd		<b>Transaction ID : VQBGB9HJQ93</b>
City Fairfield	State CT	
Zip Code 06824-6040	Purpose of Disbursement Media Monitoring Services	Amount of Each Disbursement this Period 1600.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HJXC9</b>
City San Francisco	State CA	
Zip Code 94105-2999	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 57.45
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HJY48</b>
City San Francisco	State CA	
Zip Code 94105-2999	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 15.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1672.45

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HJYP1</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 7.83
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HJZ41</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 34.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HJZN5</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 5.34
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 47.17

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015	
Mailing Address 405 Howard St		<b>Transaction ID : VQGB9HJZT5</b>  Amount of Each Disbursement this Period 92.01	
City San Francisco	State CA		Zip Code 94105-2999
Purpose of Disbursement Travel Expense			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015	
Mailing Address 405 Howard St		<b>Transaction ID : VQGB9HK068</b>  Amount of Each Disbursement this Period 16.63	
City San Francisco	State CA		Zip Code 94105-2999
Purpose of Disbursement Travel Expense			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015	
Mailing Address 405 Howard St		<b>Transaction ID : VQGB9HK0D3</b>  Amount of Each Disbursement this Period 32.32	
City San Francisco	State CA		Zip Code 94105-2999
Purpose of Disbursement Travel Expense			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

**Subtotal Of Receipts This Page** (optional)..... 140.96

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK0N6</b>
City San Francisco	State CA Zip Code 94105-2999	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 29.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK111</b>
City San Francisco	State CA Zip Code 94105-2999	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 28.72
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK194</b>
City San Francisco	State CA Zip Code 94105-2999	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 5.86
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 63.58

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK1M1</b>
City San Francisco    State CA    Zip Code 94105-2999	Amount of Each Disbursement this Period \$ 28.60	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK214</b>
City San Francisco    State CA    Zip Code 94105-2999	Amount of Each Disbursement this Period \$ 7.36	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK2D9</b>
City San Francisco    State CA    Zip Code 94105-2999	Amount of Each Disbursement this Period \$ 5.94	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

**Subtotal Of Receipts This Page** (optional)..... → \$ 41.90

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK2M4</b>
City San Francisco	State CA	
Zip Code 94105-2999	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 20.21
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK2Q8</b>
City San Francisco	State CA	
Zip Code 94105-2999	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 15.16
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK2X5</b>
City San Francisco	State CA	
Zip Code 94105-2999	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 82.69
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 118.06

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK2Y3</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period \$ 23.00	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK2Z1</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period \$ 16.91	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK309</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period \$ 15.00	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... → \$ 54.91

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK317</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 12.27
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK325</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 9.41
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK332</b>
City San Francisco	State CA	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 27.28
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 48.96

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK340</b>
City San Francisco	State CA Zip Code 94105-2999	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 38.39
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK358</b>
City San Francisco	State CA Zip Code 94105-2999	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 25.25
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK366</b>
City San Francisco	State CA Zip Code 94105-2999	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 19.20
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 82.84

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 730 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK374</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period <input type="text" value="12.27"/>	
Purpose of Disbursement Travel Expense	Category/Type <input type="text"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK380</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period <input type="text" value="10.60"/>	
Purpose of Disbursement Travel Expense	Category/Type <input type="text"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK398</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period <input type="text" value="5.05"/>	
Purpose of Disbursement Travel Expense	Category/Type <input type="text"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**Subtotal Of Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQGBG9HKHS5</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period \$ 43.97	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQGBG9HKHW9</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period \$ 5.00	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQGBG9HKHX7</b>
City San Francisco State CA Zip Code 94105-2999	Amount of Each Disbursement this Period \$ 17.54	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... **66.51**

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HKHY5</b>
City San Francisco	State CA	
Zip Code 94105-2999	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 39.35
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQBGB9HJY23</b>
City Chicago	State IL	
Zip Code 60601-1712	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 337.60
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQBGB9HJYH1</b>
City Chicago	State IL	
Zip Code 60601-1712	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 337.60
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 714.55

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQGB9HJZ83</b>
City Chicago	State IL Zip Code 60601-1712	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 46.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQGB9HK042</b>
City Chicago	State IL Zip Code 60601-1712	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 273.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQGB9HK103</b>
City Chicago	State IL Zip Code 60601-1712	
Purpose of Disbursement Travel Expense	Category/Type	Amount of Each Disbursement this Period 49.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 368.60

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 734 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQGBG9HK1K3</b>
City Chicago	State IL Zip Code 60601-1712	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 9,999.99 729.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQGBG9HK1X2</b>
City Chicago	State IL Zip Code 60601-1712	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 9,999.99 632.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQGBG9HK289</b>
City Chicago	State IL Zip Code 60601-1712	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 9,999.99 602.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 1964.60

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQGBG9HK2E7</b>
City Chicago	State IL Zip Code 60601-1712	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 480.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQGBG9HK2J8</b>
City Chicago	State IL Zip Code 60601-1712	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 451.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQGBG9HK2R6</b>
City Chicago	State IL Zip Code 60601-1712	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 449.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1381.80

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQBGB9HK2W7</b>
City Chicago	State IL	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 449.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 77 W Wacker Dr		<b>Transaction ID : VQBGB9HK9R9</b>
City Chicago	State IL	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 297.61
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. United HealthCare Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address PO Box 1459 MN008-W235		<b>Transaction ID : VQBGB9HJSQ9</b>
City Minneapolis	State MN	
Purpose of Disbursement Insurance		Amount of Each Disbursement this Period 10616.21
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 11363.42

**Total This Period** (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 737 / 772

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. United HealthCare Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address PO Box 1459 MN008-W235		<b>Transaction ID : VQBGB9HKDB6</b>
City Minneapolis	State MN	
Purpose of Disbursement Insurance	Candidate Name	Amount of Each Disbursement this Period 10817.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. United HealthCare Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address PO Box 1459 MN008-W235		<b>Transaction ID : VQBGB9HKDD1</b>
City Minneapolis	State MN	
Purpose of Disbursement Insurance	Candidate Name	Amount of Each Disbursement this Period 11944.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 55 Glenlake Pkwy		<b>Transaction ID : VQBGB9HJWK3</b>
City Atlanta	State GA	
Purpose of Disbursement Shipping Services	Candidate Name	Amount of Each Disbursement this Period 20.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 22781.69

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 55 Glenlake Pkwy		<b>Transaction ID : VQBGB9HJXZ9</b>
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping Services	Candidate Name	Amount of Each Disbursement this Period 33.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 55 Glenlake Pkwy		<b>Transaction ID : VQBGB9HJYG3</b>
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping Services	Candidate Name	Amount of Each Disbursement this Period 46.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 55 Glenlake Pkwy		<b>Transaction ID : VQBGB9HJYX6</b>
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping Services	Candidate Name	Amount of Each Disbursement this Period 171.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>Subtotal Of Receipts This Page</b> (optional).....	251.51
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 55 Glenlake Pkwy		<b>Transaction ID : VQGBG9HK9V3</b>
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping Services	Candidate Name	Amount of Each Disbursement this Period 5.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 4000 E Sky Harbor Blvd		<b>Transaction ID : VQGBG9HJWY0</b>
City Phoenix	State AZ Zip Code 85034-0664	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 294.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 4000 E Sky Harbor Blvd		<b>Transaction ID : VQGBG9HJXX3</b>
City Phoenix	State AZ Zip Code 85034-0664	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 294.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 593.41

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 4000 E Sky Harbor Blvd		<b>Transaction ID : VQBGB9HJYC2</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 1,000.00 250.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 4000 E Sky Harbor Blvd		<b>Transaction ID : VQBGB9HJYT2</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 1,000.00 250.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E Sky Harbor Blvd		<b>Transaction ID : VQBGB9HJZ75</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 1,000.00 508.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 1008.30

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E Sky Harbor Blvd		<b>Transaction ID : VQGBG9HJZE0</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 508.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E Sky Harbor Blvd		<b>Transaction ID : VQGBG9HJZQ1</b>
City Phoenix	State AZ	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 508.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address PO Box 660720		<b>Transaction ID : VQGBG9HJXB1</b>
City Dallas	State TX	
Purpose of Disbursement Telephone Services		Amount of Each Disbursement this Period 606.12
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 1622.32

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address PO Box 660720		<b>Transaction ID : VQBGB9HJXT9</b>
City Dallas	State TX	
Purpose of Disbursement Telephone Services	Category/ Type	Amount of Each Disbursement this Period 278.54
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amy Vogt</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 2507 17th St NW		<b>Transaction ID : VQBGB9HKAK2</b>
City Washington	State DC	
Purpose of Disbursement Reimbursed Travel Expenses	Category/ Type	Amount of Each Disbursement this Period 1200.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rite Aid</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 300 Martin Luther King Jr Blvd		<b>Transaction ID : VQBGB9HKPS5</b>
City Baltimore	State MD	
Purpose of Disbursement Travel Expenses - Gas Cards	Category/ Type	Amount of Each Disbursement this Period 1200.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**[MEMO ITEM]**  
\*

**Subtotal Of Receipts This Page** (optional)..... 1478.54

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Amy Vogt</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 2507 17th St NW		<b>Transaction ID : VQBGB9HKEP5</b>
City Washington	State DC	
Zip Code 20009-8833	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 81.64
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vonage</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 23 Main St		<b>Transaction ID : VQBGB9HJWD6</b>
City Holmdel	State NJ	
Zip Code 07733-2136	Purpose of Disbursement Telephone Services	Amount of Each Disbursement this Period 732.59
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Alex Vuskovic</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 500 Merrimack St		<b>Transaction ID : VQBGB9HJT23</b>
City Manchester	State NH	
Zip Code 03103-4138	Purpose of Disbursement Gasoline Reimbursement Expense	Amount of Each Disbursement this Period 200.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1014.23

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. WellDoc Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1501 Saint Paul St Ste 118		Transaction ID : <b>VQGB9HJQ36</b>
City Baltimore	State MD Zip Code 21202-2861	
Purpose of Disbursement HQ Office Rent	Category/Type	Amount of Each Disbursement this Period 10694.04
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WellDoc Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 1501 Saint Paul St Ste 118		Transaction ID : <b>VQGB9HKA10</b>
City Baltimore	State MD Zip Code 21202-2861	
Purpose of Disbursement Office Rent	Category/Type	Amount of Each Disbursement this Period 11101.33
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. WellDoc Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1501 Saint Paul St Ste 118		Transaction ID : <b>VQGB9HKDV2</b>
City Baltimore	State MD Zip Code 21202-2861	
Purpose of Disbursement Office Rent	Category/Type	Amount of Each Disbursement this Period 11437.33
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 33232.70

Total This Period (last page this line number only).....



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. White Star Ale House</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 305 2nd Ave SE		<b>Transaction ID : VQGB9HJVD3</b>
City Cedar Rapids	State IA	
Purpose of Disbursement Food and Beverage	Category/ Type	Amount of Each Disbursement this Period 1508.70
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Mike Woickowski</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 2039 Longcome Dr		<b>Transaction ID : VQGB9HJTA7</b>
City Wilmington	State DE	
Purpose of Disbursement Mileage Reimbursement Expense	Category/ Type	Amount of Each Disbursement this Period 59.15
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Mike Woickowski</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 2039 Longcome Dr		<b>Transaction ID : VQGB9HK3V0</b>
City Wilmington	State DE	
Purpose of Disbursement Mileage Reimbursement	Category/ Type	Amount of Each Disbursement this Period 59.12
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

<b>Subtotal Of Receipts This Page</b> (optional).....	1567.85
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

23    24    25    26    27a  
 27b    28a    28b    28c    29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)  
**A. Mike Woicekowski**

Mailing Address 2039 Longcome Dr

City State Zip Code  
Wilmington DE 19810-3873

Purpose of Disbursement  
Reimbursement Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : VQBGB9HKJ42**

Amount of Each Disbursement this Period  
113.21

Full Name (Last, First, Middle Initial)  
**B. Uber**

Mailing Address 405 Howard St

City State Zip Code  
San Francisco CA 94105-2999

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : VQBGB9HKJ84**

Amount of Each Disbursement this Period  
9.32

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**c. Mike Woicekowski**

Mailing Address 2039 Longcome Dr

City State Zip Code  
Wilmington DE 19810-3873

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 18 / 2015

**Transaction ID : VQBGB9HKJ76**

Amount of Each Disbursement this Period  
22.19

**[MEMO ITEM]**  
\*

**Subtotal Of Receipts This Page** (optional)..... 113.21

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Wolfeboro Inn</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 90 N Main St		<b>Transaction ID : VQGBG9HJX53</b>
City Wolfeboro	State NH	
Purpose of Disbursement Food and Beverage	Candidate Name	Amount of Each Disbursement this Period 437.82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wolfeboro Inn</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 90 N Main St		<b>Transaction ID : VQGBG9HJXH8</b>
City Wolfeboro	State NH	
Purpose of Disbursement Food and Beverage	Candidate Name	Amount of Each Disbursement this Period 240.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>c. WPEngine.com</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 504 Lavaca St Ste 1000		<b>Transaction ID : VQGBG9HKD90</b>
City Austin	State TX	
Purpose of Disbursement Web Hosting Services	Candidate Name	Amount of Each Disbursement this Period 600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 1278.53

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Kevin Zeithaml</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 4604 Fait Ave		<b>Transaction ID : VQGB9HK3K7</b>
City Baltimore	State MD	
Purpose of Disbursement Reimbursement Expense		Amount of Each Disbursement this Period 404.77
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 1500 N Charles St		<b>Transaction ID : VQGB9HK3N3</b>
City Baltimore	State MD	
Purpose of Disbursement Food and Beverage		Amount of Each Disbursement this Period 13.50
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address PO Box 36647		<b>Transaction ID : VQGB9HK3M5</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 144.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**[MEMO ITEM]**  
\*

**Subtotal Of Receipts This Page** (optional)..... 404.77

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 4000 E Sky Harbor Blvd		<b>Transaction ID : VQBGB9HK3R6</b>
City Phoenix	State AZ	
Zip Code 85034-0664	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 79.66
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kevin Zeithaml</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4604 Fait Ave		<b>Transaction ID : VQBGB9HJTE8</b>
City Baltimore	State MD	
Zip Code 21224	Purpose of Disbursement Reimbursement Expense	Amount of Each Disbursement this Period 79.66
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : VQBGB9HK502</b>
City San Francisco	State CA	
Zip Code 94105-2999	Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 79.66
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional)..... 79.66

**Total This Period** (last page this line number only).....

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Unitemized total</b>		<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>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		30		2015
M M	/	D D	/	Y Y Y Y									
09		30		2015									
Mailing Address n/a		<b>Transaction ID : BBBB1</b>											
City n/a	State DC	Zip Code 00000	Amount of Each Disbursement this Period										
Purpose of Disbursement		<input type="text"/>	<input type="text" value="4591.86"/>										
Candidate Name		Category/Type	<b>[MEMO ITEM]</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: _____ District: _____													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B.</b>		<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></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City	State	Zip Code	<input type="text"/>										
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)		Date of Disbursement											
<b>C.</b>		<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></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City	State	Zip Code	<input type="text"/>										
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 Receipts This Page** (optional).....

**Total This Period** (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Michael Betesh</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1916 E 4th St Streetet		<b>Transaction ID : VQGBG9HKP24</b>
City Brooklyn	State NY	
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period \$ 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Charles J Collier</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 300 2nd Ave Unit 2130		<b>Transaction ID : VQGBG9HKPB5</b>
City Needham	State MA	
Purpose of Disbursement Refund of Excessive Contribution		Amount of Each Disbursement this Period \$ 400.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Natasha Deane</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 3829 Richland Ave		<b>Transaction ID : VQGBG9HK943</b>
City Nashville	State TN	
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period \$ 2700.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... → \$ 4100.00

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Deanna DeCherney</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 11210 S Glen Rd		<b>Transaction ID : VQBGB9HKP16</b>
City Potomac	State MD	
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period \$ 900.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Hafiz Habibullah</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 2110 Chantilla Rd		<b>Transaction ID : VQBGB9HJSR7</b>
City Catonsville	State MD	
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period \$ 2250.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Josh Hinsley</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1045 15th Ave SE		<b>Transaction ID : VQBGB9HKP32</b>
City Minneapolis	State MN	
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period \$ 900.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>Subtotal Of Receipts This Page</b> (optional).....	\$ 3650.00
<b>Total This Period</b> (last page this line number only).....	



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. David Land</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 168 Ocean Avenue		<b>Transaction ID : VQGBG9HK985</b>
City Lawrence	State NY	
Zip Code 11559-2007	Purpose of Disbursement Contribution Refund	Amount of Each Disbursement this Period 2700.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Liliana Medina</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address PO Box 70344 PO Box 70344		<b>Transaction ID : VQGBG9HK902</b>
City San Juan	State PR	
Zip Code 00936-8344	Purpose of Disbursement Contribution Refund	Amount of Each Disbursement this Period 2700.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. George Johnathan Nemphos</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 107 Ridgewood Road		<b>Transaction ID : VQGBG9HKPP2</b>
City Baltimore	State MD	
Zip Code 21210	Purpose of Disbursement Contribution Refund	Amount of Each Disbursement this Period 10.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 5410.00

Total This Period (last page this line number only).....

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. Mitchellson Perez</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address PO Box 70344 PO Box 70344		<b>Transaction ID : VQBGB9HK935</b>
City San Juan	State PR	
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 2700.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Dr. Steve Sobelman</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 801 Key Hwy Unit 412		<b>Transaction ID : VQBGB9HK927</b>
City Baltimore	State MD	
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 490.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Michelle Trone</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 11417 Skipwith Ln		<b>Transaction ID : VQBGB9HKPA7</b>
City Potomac	State MD	
Purpose of Disbursement Refund of Excessive Contribution		Amount of Each Disbursement this Period 30.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 3220.00

**Total This Period** (last page this line number only)..... 16380.00

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**O'Malley for President**

Full Name (Last, First, Middle Initial) <b>A. NH AFL-CIO</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 161 Londonderry Tpke		<b>Transaction ID : VQGBG9HKHN4</b>
City Hooksett	State NH	
Purpose of Disbursement Sponsorship Fee	Category/ Type	Amount of Each Disbursement this Period 250.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NH AFL-CIO</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 161 Londonderry Tpke		<b>Transaction ID : VQGBG9HKHQ0</b>
City Hooksett	State NH	
Purpose of Disbursement Ticket Fee	Category/ Type	Amount of Each Disbursement this Period 150.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
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 Receipts This Page** (optional)..... 400.00

**Total This Period** (last page this line number only)..... 400.00

# SCHEDULE D-P

## DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
O'Malley for President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ADcoLLC

Nature of Debt (Purpose):  
Photography Services

Mailing Address 4126 New Hampshire Ave NW

City State Zip Code  
Washington DC 20011-7921

Outstanding Balance Beginning This Period

1000.00

Transaction ID : VQ9HV9H5MD7

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Sally Alexander

Nature of Debt (Purpose):  
Refund of Excessive Contribution

Mailing Address 963 Sevarden Lane

City State Zip Code  
Crownsville MD 21032

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQ9HV9H5PR9

Amount Incurred This Period

100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jay Baker

Nature of Debt (Purpose):  
Photography Services

Mailing Address 3413 Dennlyn Rd

City State Zip Code  
Baltimore MD 21215-7438

Outstanding Balance Beginning This Period

569.00

Transaction ID : VQ9HV9H5NG3

Amount Incurred This Period

0.00

Payment This Period

569.00

Outstanding Balance at Close of This Period

0.00

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Elinor Bedell**

Nature of Debt (Purpose):  
 Excessive Contribution

Mailing Address 15712 Rusty Rd

City State Zip Code  
 Spirit Lake IA 51360-7564

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PH4

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**David L. Belluck**

Nature of Debt (Purpose):  
 Event Catering

Mailing Address 699 Boylston St  
 Ste 14

City State Zip Code  
 Boston MA 02116-2879

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5NV0

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Cable One**

Nature of Debt (Purpose):  
 Office Utilities

Mailing Address 210 E Earll Dr

City State Zip Code  
 Phoenix AZ 85012-2626

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PA9

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Connolly Printing**

Nature of Debt (Purpose):  
 Printing Services

Mailing Address 17 B Gill Streetoburn

City State Zip Code  
 Woburn MA 01801

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5NA6

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Connolly Printing**

Nature of Debt (Purpose):  
 Printing Services

Mailing Address 17 B Gill Streetoburn

City State Zip Code  
 Woburn MA 01801

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PD2

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Cozen O'connor**

Nature of Debt (Purpose):  
 Catering Services

Mailing Address PO Box 5459

City State Zip Code  
 Cherry Hill NJ 08034-0480

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PK0

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Natasha Deane**

Nature of Debt (Purpose):  
 Refund of excessive contribution

Mailing Address 3829 Richland Ave

City State Zip Code  
 Nashville TN 37205-2439

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5P00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Demo Strategies LLC**

Nature of Debt (Purpose):  
 Strategic Consulting Services

Mailing Address 442 M St NW  
 Apt 3

City State Zip Code  
 Washington DC 20001-4655

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5ND9

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Direct Line Politics**

Nature of Debt (Purpose):  
 Direct Marketing Consulting

Mailing Address 107 Oronoco St  
 Ste 100

City State Zip Code  
 Alexandria VA 22314-2015

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5NF5

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Direct Line Politics**

Nature of Debt (Purpose):  
 List Rental Expense

Mailing Address 107 Oronoco St  
 Ste 100

City State Zip Code  
 Alexandria VA 22314-2015

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5ME5

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Flik Catering**

Nature of Debt (Purpose):  
 Catering Services

Mailing Address The Comcast Center 1701 JFK Blvd.

City State Zip Code  
 Philadelphia PA 19103

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PG6

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Garner Printing**

Nature of Debt (Purpose):  
 Printing Services

Mailing Address 1697 NE 53rd Ave

City State Zip Code  
 Des Moines IA 50313-2180

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5M61

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....



**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Gentle Giant Moving Co., Inc.**

Nature of Debt (Purpose):  
 Moving Services

Mailing Address 29 Harding St

City State Zip Code  
 Somerville MA 02143-4204

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5MA3

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Grassroots, SG, LLC**

Nature of Debt (Purpose):  
 Grassroots Consulting Services

Mailing Address 1725 Desales St NW  
 Ste 650

City State Zip Code  
 Washington DC 20036-4409

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5MF2

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**H&W Printing**

Nature of Debt (Purpose):  
 Printing Services

Mailing Address 3616 Oak Ln

City State Zip Code  
 Mount Rainier MD 20712-2128

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5MG0

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**H&W Printing**

Nature of Debt (Purpose):  
 Printing Services

Mailing Address 3616 Oak Ln

City State Zip Code  
 Mount Rainier MD 20712-2128

Outstanding Balance Beginning This Period

688.10

Transaction ID : VQ9HV9H5MJ6

Amount Incurred This Period

0.00

Payment This Period

688.10

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**H&W Printing**

Nature of Debt (Purpose):  
 Printing Services

Mailing Address 3616 Oak Ln

City State Zip Code  
 Mount Rainier MD 20712-2128

Outstanding Balance Beginning This Period

732.62

Transaction ID : VQ9HV9H5MK4

Amount Incurred This Period

0.00

Payment This Period

732.62

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**H&W Printing**

Nature of Debt (Purpose):  
 Printing Services

Mailing Address 3616 Oak Ln

City State Zip Code  
 Mount Rainier MD 20712-2128

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQ9HV9H5PC4

Amount Incurred This Period

172.39

Payment This Period

0.00

Outstanding Balance at Close of This Period

172.39

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
O'Malley for President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Cullen Hall**

Nature of Debt (Purpose):  
Refund of Excessive Contribution

Mailing Address 547 Cedar Creek Rd  
Unit 1

City State Zip Code  
Pikeville KY 41501-1439

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PQ1

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Kenneth Hassan**

Nature of Debt (Purpose):  
Refund of Excessive Contribution

Mailing Address 34 st thomas drive

City State Zip Code  
Palm Beach Gardens, FL 33418 FL 33418

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PT5

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Innovativetechnology**

Nature of Debt (Purpose):  
Website Maintainance

Mailing Address 2415 Foster Ave  
Ste 300

City State Zip Code  
Baltimore MD 21224-3634

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5NE7

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Innovativetechnology**

Nature of Debt (Purpose):  
 Equipment Rental

Mailing Address 2415 Foster Ave  
 Ste 300

City State Zip Code  
 Baltimore MD 21224-3634

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5P75

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Jackie Brot Weinberg JBW Consulting, LLC**

Nature of Debt (Purpose):  
 Fundraising Services

Mailing Address 601 E 20th St  
 Apt 10F

City State Zip Code  
 New York NY 10010-7636

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5MN0

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Reza Jafari**

Nature of Debt (Purpose):  
 Refund of Excessive Contribution

Mailing Address 6810 Oxford Rd

City State Zip Code  
 Easton MD 21601-8328

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PS7

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Koch Brothers**

Nature of Debt (Purpose):  
 Equipment Rental

Mailing Address 301 E Locust St

City State Zip Code  
 Des Moines IA 50309-1806

Outstanding Balance Beginning This Period

627.20

Transaction ID : VQ9HV9H5MP8

Amount Incurred This Period

0.00

Payment This Period

627.20

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Michael Kurtz**

Nature of Debt (Purpose):  
 Travel Reimbursement

Mailing Address 3828 Georgia Ave NW  
 315

City State Zip Code  
 Washington DC 20011-5954

Outstanding Balance Beginning This Period

1041.38

Transaction ID : VQ9HV9H5N56

Amount Incurred This Period

0.00

Payment This Period

1041.38

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**David Land**

Nature of Debt (Purpose):  
 Refund of excessive contribution

Mailing Address 168 Ocean Avenue

City State Zip Code  
 Lawrence NY 11559-2007

Outstanding Balance Beginning This Period

2700.00

Transaction ID : VQ9HV9H5P41

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2700.00

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**LexisNexis**

Nature of Debt (Purpose):  
 Research Services

Mailing Address PO Box 7247

City State Zip Code  
 Philadelphia PA 19170-0001

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5NJ9

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**LexisNexis**

Nature of Debt (Purpose):  
 Research Services

Mailing Address PO Box 7247

City State Zip Code  
 Philadelphia PA 19170-0001

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5NK7

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Local Politechs Strategies, LLC**

Nature of Debt (Purpose):  
 Website Design and Hosting

Mailing Address 3430 Connecticut Ave NW  
 Unit 11941

City State Zip Code  
 Washington DC 20008-7556

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5M53

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Martin-Lauer Associates, LLC**

Nature of Debt (Purpose):  
 Fundraising Consultant

Mailing Address 1010 Hull St  
 Ste 202

City State Zip Code  
 Baltimore MD 21230-5330

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5MS1

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Liliana Medina**

Nature of Debt (Purpose):  
 Refund of excessive contribution

Mailing Address PO Box 70344  
 PO Box 70344

City State Zip Code  
 San Juan PR 00936-8344

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5P17

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Menus by Occasions Catering**

Nature of Debt (Purpose):  
 Catering Services

Mailing Address 655 Taylor St NE

City State Zip Code  
 Washington DC 20017-2063

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PJ2

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**NGP VAN, Inc.**

Nature of Debt (Purpose):  
 Software Services

Mailing Address 1101 15th St NW  
 Ste 500

City State Zip Code  
 Washington DC 20005-5006

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5M20

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**O' Say Can You See - Federal PAC**

Nature of Debt (Purpose):  
 Travel Expense

Mailing Address PO Box 468

City State Zip Code  
 Annapolis MD 21404-0468

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5N22

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Jacob Michael Oeth**

Nature of Debt (Purpose):  
 Reimbursement Expense

Mailing Address 300 Walnut St  
 Ste 125

City State Zip Code  
 Des Moines IA 50309-2260

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PB6

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....



**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mitchellson Perez**

Nature of Debt (Purpose):  
 Refund of excessive contribution

Mailing Address PO Box 70344

PO Box 70344

City State Zip Code  
 San Juan PR 00936-8344

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5P25

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Kevin Scott Prosser**

Nature of Debt (Purpose):  
 Refund of Excessive Contribution

Mailing Address 312 Dutchmans Ln

City State Zip Code  
 Easton MD 21601-3302

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PP3

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Qualls Communications**

Nature of Debt (Purpose):  
 Media Research Services

Mailing Address 304 Prince St

City State Zip Code  
 Alexandria VA 22314-3316

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5MT9

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Sandler, Reiff, Lamb, Rosenstein & Birkenstock, P.C.**

Nature of Debt (Purpose):  
 Legal Services

Mailing Address 1025 Vermont Ave NW  
 Ste 300

City State Zip Code  
 Washington DC 20005-6302

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5PF8

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Lis Smith**

Nature of Debt (Purpose):  
 Communications Consulting

Mailing Address 8005th Ave

City State Zip Code  
 New York NY 10065

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5MQ6

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Dr. Steve Sobelman**

Nature of Debt (Purpose):  
 Refund of excessive in-kind contribution

Mailing Address 801 Key Hwy  
 Unit 412

City State Zip Code  
 Baltimore MD 21230-4099

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5NY4

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Staples**

Nature of Debt (Purpose):  
 Office Supplies

Mailing Address Dept Dc  
 PO Box 415258  
 City State Zip Code  
 Boston MA 02241-0001

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5NP1

1621.92

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1621.92

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Staples**

Nature of Debt (Purpose):  
 Office Supplies

Mailing Address Dept Dc  
 PO Box 415258  
 City State Zip Code  
 Boston MA 02241-0001

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5P83

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

244.61

0.00

244.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Staples**

Nature of Debt (Purpose):  
 Office Supplies

Mailing Address Dept Dc  
 PO Box 415258  
 City State Zip Code  
 Boston MA 02241-0001

Outstanding Balance Beginning This Period

Transaction ID : VQ9HV9H5P91

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

78.06

0.00

78.06

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**O'Malley for President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The Ink Spot, Inc**

Nature of Debt (Purpose):  
 Printing Services

Mailing Address 3433 Hampton Ave

City State Zip Code  
 Saint Louis MO 63139-1940

Outstanding Balance Beginning This Period

2396.62

Transaction ID : VQ9HV9H5MB1

Amount Incurred This Period

0.00

Payment This Period

2396.62

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The Ink Spot, Inc**

Nature of Debt (Purpose):  
 .Printing Services

Mailing Address 3433 Hampton Ave

City State Zip Code  
 Saint Louis MO 63139-1940

Outstanding Balance Beginning This Period

1190.83

Transaction ID : VQ9HV9H5NS4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1190.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**TVEyes, Inc.**

Nature of Debt (Purpose):  
 Media Monitoring Services

Mailing Address 1150 Post Rd

City State Zip Code  
 Fairfield CT 06824-6040

Outstanding Balance Beginning This Period

1600.00

Transaction ID : VQ9HV9H5M95

Amount Incurred This Period

0.00

Payment This Period

1600.00

Outstanding Balance at Close of This Period

0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1190.83
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	20607.50
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only).....	▶	20607.50