

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

ADDRESS (number and street) ▼

PO BOX 1631

Check if different than previously reported. (ACC)

BALTIMORE

MD

21203

2. **FEC IDENTIFICATION NUMBER** ▼

C C00310318

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MD

07

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

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 Ronald Thompson

Signature of Treasurer Ronald Thompson

[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.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4055.00	4055.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4055.00	4055.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12409.23	19405.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3250.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12409.23	16155.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	890656.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1000.00	1000.00
(ii) Unitemized.....	55.00	55.00
(iii) TOTAL of contributions from individuals ▶	1055.00	1055.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4055.00	4055.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	3250.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	106.00	106.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4161.00	7411.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12409.23	19405.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1335.00	1335.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13744.23	20740.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	900240.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4161.00
25. SUBTOTAL (add Line 23 and Line 24).....	904401.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13744.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	890656.95

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

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

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

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

A. Full Name (Last, First, Middle Initial)
Bert Hash

Mailing Address 11705 Parside Rd

City Ellicott City State MD Zip Code 21042

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

Name of Employer MECU Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11Al.16257

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1815 Edison Hwy

City Baltimore State MD Zip Code 21213

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

Name of Employer Monumental Construction Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11Al.16256

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
American Assn of Nurse Practitioners PAC

Mailing Address PO Box 12846

City Austin State TX Zip Code 78711

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11C.16258

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
CAREFIRST ASSOCIATES' FEDERAL PAC

Mailing Address 10455 Mill Run Circle

City Owings Mills State MD Zip Code 21117

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 26 / 2014

Transaction ID : SA11C.16263

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MAXIM HEALTHCARE SERVICES INC POLITICAL ACTION COMMITTEE (MAXIM HEALTHCARE PAC)

Mailing Address PO BOX 66412

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C** C00558932

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11C.16259

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Ambrosia Caterers, Inc			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2014		
Mailing Address 717 Winans Way			Amount of Each Disbursement this Period 474.35		
City Baltimore	State MD	Zip Code 21229	Transaction ID : SB17.16242		
Purpose of Disbursement Catering		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Michael Christinanson			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014		
Mailing Address 189 Edgewater Road, RR 14			Amount of Each Disbursement this Period 400.00		
City Pasadena	State MD	Zip Code 21122	Transaction ID : SB17.16217		
Purpose of Disbursement Campaign Services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Joyce Farrington			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014		
Mailing Address 5903 Bland Avenue			Amount of Each Disbursement this Period 700.00		
City Baltimore	State MD	Zip Code 21215	Transaction ID : SB17.16219		
Purpose of Disbursement Campaign Services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1574.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Ford Credit		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address Box 220564		Amount of Each Disbursement this Period 649.81 Transaction ID : SB17.16240
City Pittsburg	State PA	
Zip Code 15257	Purpose of Disbursement Auto Payment	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. Mayor & City Council of Baltimore		Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2014
Mailing Address 2223 Wheatley Drive		Amount of Each Disbursement this Period 800.95 Transaction ID : SB17.16243
City Baltimore	State MD	
Zip Code 21207	Purpose of Disbursement Rent	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) c. PayChex Payroll		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 733.59 Transaction ID : SB17.16212
City Owings Mills	State MD	
Zip Code 21117	Purpose of Disbursement Salaries	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 Disbursements This Page (optional).....	2184.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. PayChex Payroll		Date of Disbursement
Mailing Address 700 Red Brook Blvd, Suite 200		M M / D D / Y Y Y Y 12 / 01 / 2014
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 342.91	
Candidate Name	Transaction ID : SB17.16254	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. PayChex Payroll		Date of Disbursement
Mailing Address 700 Red Brook Blvd, Suite 200		M M / D D / Y Y Y Y 12 / 10 / 2014
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement Payroll Services	Amount of Each Disbursement this Period 153.16	
Candidate Name	Transaction ID : SB17.16255	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) c. PayChex Payroll		Date of Disbursement
Mailing Address 700 Red Brook Blvd, Suite 200		M M / D D / Y Y Y Y 12 / 12 / 2014
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement Salaries	Amount of Each Disbursement this Period 733.59	
Candidate Name	Transaction ID : SB17.16250	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Disbursements This Page (optional).....	1229.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. PayChex Payroll		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 342.91 Transaction ID : SB17.16252
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes	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. PayChex Payroll		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 733.59 Transaction ID : SB17.16251
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Salaries	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) c. PayChex Payroll		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 700 Red Brook Blvd, Suite 200		Amount of Each Disbursement this Period 342.91 Transaction ID : SB17.16253
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes	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 Disbursements This Page (optional).....	1419.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Vernon Simms		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 2402 Lawnwood Circle		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.16220
City Baltimore	State MD Zip Code 21207	
Purpose of Disbursement Campaign 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. Harry Spikes		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 12 Jonquil Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.16218
City Landover	State MD Zip Code 20785	
Purpose of Disbursement Campaign 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) c. Amy Stratton		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 7620 Woodpark Lane, #204		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.16216
City Columbia	State MD Zip Code 21046	
Purpose of Disbursement Campaign 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:		

SUBTOTAL of Disbursements This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Ronald Thompson		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.16215
City Baltimore	State MD	
Zip Code 21203	Purpose of Disbursement Treasury Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ronald Thompson		Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2014
Mailing Address P. O. Box 1631		Amount of Each Disbursement this Period 1050.00 Transaction ID : SB17.16244
City Baltimore	State MD	
Zip Code 21203	Purpose of Disbursement Treasury Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Verizon		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address P O Box 17577		Amount of Each Disbursement this Period 320.16 Transaction ID : SB17.16237
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Utilities	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 Disbursements This Page (optional).....	2070.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2014
Mailing Address P. O. Box 17464		Amount of Each Disbursement this Period 1429.07 Transaction ID : SB17.16238
City Baltimore	State MD	
Zip Code 21297	Purpose of Disbursement Utilities	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	1429.07
TOTAL This Period (last page this line number only).....	11107.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. McFadden For Senate		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2014
Mailing Address 1200 Light Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.16246
City Baltimore	State MD Zip Code 21230	
Purpose of Disbursement Donation	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. PUTEW		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2014
Mailing Address PO Box 2261		Amount of Each Disbursement this Period 325.00 Transaction ID : SB21.16247
City Baltimore	State MD Zip Code 21203	
Purpose of Disbursement Donation	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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1325.00
TOTAL This Period (last page this line number only).....	1325.00