

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

ADDRESS (number and street) 15 West Street  
 Check if different than previously reported. (ACC)  
Annapolis MD 21401

2. **FEC IDENTIFICATION NUMBER** C00120055  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2009 through 02 28 2009

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 R. Christopher Rosenthal

Signature of Treasurer Electronically Filed by R. Christopher Rosenthal Date 08 12 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		1636.55
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	11142.00									
(c) Total Receipts (from Line 19) .....	29171.46	54843.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40313.46	56480.16								
7. Total Disbursements (from Line 31) .....	38869.78	55036.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1443.68	1443.68								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	9630.00	16599.45
(ii) Unitemized .....	18661.46	37243.46
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	28291.46	53842.91
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	28291.46	53942.91
12. Transfers From Affiliated/Other Party Committees .....	0.00	20.31
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.39
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	880.00	880.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	880.00	880.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	29171.46	54843.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28291.46	53963.61

## DETAILED SUMMARY PAGE

of Disbursements

4 / 28

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	210.62	213.94
(ii) Non-Federal Share.....	792.29	804.80
(b) Other Federal Operating Expenditures.....	37866.87	54017.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	38869.78	55036.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38869.78	55036.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38077.49	54231.68

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 28

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	28291.46	53942.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28291.46	53942.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38077.49	54231.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	38077.49	54231.68

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

Mailing Address 7189 Rivers Edge Road

City Columbia State MD Zip Code 21044

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

Name of Employer retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
02 / 03 / 2009

Transaction ID: SA11AI.4825

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Cervin, Jr.

Mailing Address 815-A Hilltop Avenue Ext.

City Abingdon State MD Zip Code 21009

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

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: MM / DD / YYYY  
02 / 16 / 2009

Transaction ID: SA11AI.4910

Amount of Each Receipt this Period: 60.00

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

Mailing Address 1957 Trappe Church Road

City Darlington State MD Zip Code 21034

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

Name of Employer Self-employed Occupation Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
02 / 18 / 2009

Transaction ID: SA11AI.4930

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **810.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Charles S. Fiske	Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 2078 Corbett Rd.	<b>Transaction ID:</b> SA11AI.4996
	City State Zip Code Monkton MD 21111	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr., Charles S. Garber, Jr.	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 823 Coachway	<b>Transaction ID:</b> SA11AI.5010
	City State Zip Code Annapolis MD 21401	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Daniel L. Goelzer	Date of Receipt MM / DD / YYYY 02 / 20 / 2009
	Mailing Address 5941 Searl Terrace	<b>Transaction ID:</b> SA11AI.5040
	City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PCAOB	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

Mailing Address 3158 Gracefield Rd  
Apt. 304

City State Zip Code  
Silver Spring MD 20904

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

Name of Employer retired Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2009

**Transaction ID:** SA11AI.5068

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert W. Helm

Mailing Address 12064 Open Run Road

City State Zip Code  
Ellicott City MD 21042

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

Name of Employer Delhert LLP Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2009

**Transaction ID:** SA11AI.5074

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Ann Kilbane

Mailing Address 6525 Bradley Boulevard

City State Zip Code  
Bethesda MD 20817

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

Name of Employer self Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2009

**Transaction ID:** SA11AI.5139

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2900.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Mark J. Maggio	Date of Receipt MM / DD / YYYY 02 / 04 / 2009
	Mailing Address 744 Evergreen Road	<b>Transaction ID:</b> SA11AI.5217
	City State Zip Code Severn MD 21144	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer State of MD Occupation Admin. Aide Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Eugene J. Manning	Date of Receipt MM / DD / YYYY 02 / 04 / 2009
	Mailing Address 13243 Fountain Head Road	<b>Transaction ID:</b> SA11AI.5219
	City State Zip Code Hagerstown MD 21742	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Easter Seals Nat'l Bd of Dir Occupation Broadcasting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. George W. Martin	Date of Receipt MM / DD / YYYY 02 / 09 / 2009
	Mailing Address 4913 Jasmine Drive	<b>Transaction ID:</b> SA11AI.5221
	City State Zip Code Rockville MD 20853	Amount of Each Receipt this Period 220.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer retired Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>720.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. George M. Neall, II

Mailing Address 5452 Tates Bank Road

City State Zip Code  
Cambridge MD 21613

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

Name of Employer retired Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2009

**Transaction ID:** SA11AI.5261

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Craig Olson

Mailing Address 6306 Huntover Lane

City State Zip Code  
Rockville MD 20852

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

Name of Employer OARI Occupation Publisher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2009

**Transaction ID:** SA11AI.5265

Amount of Each Receipt this Period  
1700.00

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

Mailing Address 3725 Tanglewood Lane

City State Zip Code  
Davidsonville MD 21035

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

Name of Employer Self-employed Occupation Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2009

**Transaction ID:** SA11AI.5290

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. J. Alan Richardson

Mailing Address 337 Vierling Drive

City State Zip Code  
Silver Spring MD 20904

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

Name of Employer Potomac Valley Brick Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2009

**Transaction ID:** SA11AI.5328

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. R. Chris Rosenthal

Mailing Address 61 Slama Rd.

City State Zip Code  
Edgewater MD 21037

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

Name of Employer Elin & Tucker Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2009

**Transaction ID:** SA11AI.5337

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles C. Stieff, II

Mailing Address 13801 York Road #L11

City State Zip Code  
Cockeysville MD 21030

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

Name of Employer Retired Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2009

**Transaction ID:** SA11AI.5405

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 (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Treanor

Mailing Address 3579 Fiske Terrace

City State Zip Code  
Silver Spring MD 20906

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

Name of Employer retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2009

**Transaction ID:** SA11AI.5449

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4612 Amherst Road

City State Zip Code  
College Park MD 20740

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

Name of Employer U of MD Occupation Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2009

**Transaction ID:** SA11AI.5476

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George H. Williams

Mailing Address 8810 Walther Boulevard  
Apat. 2029

City State Zip Code  
Parkville MD 21234

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

Name of Employer retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2009

**Transaction ID:** SA11AI.5502

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. I. William Zartman		Date of Receipt	
	Mailing Address 713 Quaint Acres Drive		M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5532
	Silver Spring	MD	20904	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer		Occupation		
		Homemaker		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00		
<input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	9630.00

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ADP Inc.	Transaction ID: SB21B.5535 Date of Disbursement
	Mailing Address PO Box 9001006	<input type="text" value="02"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Louisville State KY Zip Code 40290	Amount of Each Disbursement this Period
	Purpose of Disbursement ADP payroll Processing fees	<input type="text" value="55.28"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADP Inc.	Transaction ID: SB21B.5536 Date of Disbursement
	Mailing Address PO Box 9001006	<input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Louisville State KY Zip Code 40290	Amount of Each Disbursement this Period
	Purpose of Disbursement ADP payroll Processing fees	<input type="text" value="12.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ADP Inc.	Transaction ID: SB21B.5537 Date of Disbursement
	Mailing Address PO Box 9001006	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Louisville State KY Zip Code 40290	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="117.89"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="185.17"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 15 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADP Inc.</p> <p>Mailing Address PO Box 9001006</p> <p>City Louisville State KY Zip Code 40290</p> <p>Purpose of Disbursement ADP payroll Processing fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5538</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 52.28</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BB&amp;T Bank</p> <p>Mailing Address 5 Church Circle</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement Credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5539</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 48.09</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BGE</p> <p>Mailing Address 47 State Circle #403</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5540</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 241.47</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>341.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 16 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) COMPTROLLER OF MARYLAND <hr/> Mailing Address P.O. Box 17132 <hr/> City Baltimore State MD Zip Code 21297 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5541 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 349.04
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) COMPTROLLER OF MARYLAND <hr/> Mailing Address P.O. Box 17132 <hr/> City Baltimore State MD Zip Code 21297 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5542 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 349.04
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) COMPTROLLER OF MARYLAND <hr/> Mailing Address P.O. Box 17132 <hr/> City Baltimore State MD Zip Code 21297 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5543 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 349.04
	Category/ Type
	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1047.12

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Feather Larson & Synhorst <hr/> Mailing Address 7300 Hudson Blvd. Suite 270 <hr/> City St. Paul State MN Zip Code 55128 <hr/> Purpose of Disbursement Telemarketing non-candidate Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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:	Transaction ID: SB21B.5548 Date of Disbursement 02 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 1440.55
B.	Full Name (Last, First, Middle Initial) Hyatt Commercial <hr/> Mailing Address 200 Westgate Circle Suite 502 <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement Office Taxes Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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:	Transaction ID: SB21B.5551 Date of Disbursement 02 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 1800.00
C.	Full Name (Last, First, Middle Initial) Hyatt Commercial <hr/> Mailing Address 200 Westgate Circle Suite 502 <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement Utilities Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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:	Transaction ID: SB21B.5552 Date of Disbursement 02 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 149.38

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**3389.93**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hyatt Real Estate/jill Petit</p> <p>Mailing Address 200 Westgate Cir. Suite 502</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5549 <b>Date of Disbursement</b> 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 5288.12</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address PO Box</p> <p>City Philadelphia State PA Zip Code 19255</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5553 <b>Date of Disbursement</b> 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1299.01</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address PO Box</p> <p>City Philadelphia State PA Zip Code 19255</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5554 <b>Date of Disbursement</b> 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1299.03</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7886.16
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B.5555 Date of Disbursement
	Mailing Address PO Box	<input type="text" value="02"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Philadelphia State PA Zip Code 19255	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1299.01"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. Marcia A. Jicka	Transaction ID: SB21B.5556 Date of Disbursement
	Mailing Address 742 Live Oak Dr.	<input type="text" value="02"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Millersville State MD Zip Code 21108	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="1809.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mrs. Marcia A. Jicka	Transaction ID: SB21B.5557 Date of Disbursement
	Mailing Address 742 Live Oak Dr.	<input type="text" value="02"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Millersville State MD Zip Code 21108	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="1809.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4918.21"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Marcia A. Jicka <hr/> Mailing Address 742 Live Oak Dr. <hr/> City Millersville State MD Zip Code 21108 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5558 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1809.60
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) MD Unemployment Insurance Fund <hr/> Mailing Address P.O. Box 17291 <hr/> City Baltimore State MD Zip Code 21203 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5559 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 147.35
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) MD Unemployment Insurance Fund <hr/> Mailing Address P.O. Box 17291 <hr/> City Baltimore State MD Zip Code 21203 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5560 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 206.30
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2163.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MD Unemployment Insurance Fund <hr/> Mailing Address P.O. Box 17291 <hr/> City Baltimore State MD Zip Code 21203 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5561 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 95.11
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) MOD PAC <hr/> Mailing Address 1175 William St. <hr/> City Buffalo State NY Zip Code 14206 <hr/> Purpose of Disbursement Direct Mail non-candidate Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5563 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 962.49
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Pitney Works <hr/> Mailing Address P.O. Box 856042 <hr/> City Louisville State KY Zip Code 40285 <hr/> Purpose of Disbursement Postage-non_candidate related Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5566 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 300.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1357.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Justin Ready	Transaction ID: SB21B.5567 Date of Disbursement 02 / 05 / 2009
	Mailing Address 20 Hillside Ct.	
	City Westminster State MD Zip Code 21157	Amount of Each Disbursement this Period 1829.93
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Justin Ready	Transaction ID: SB21B.5568 Date of Disbursement 02 / 20 / 2009
	Mailing Address 20 Hillside Ct.	
	City Westminster State MD Zip Code 21157	Amount of Each Disbursement this Period 1829.92
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Justin Ready	Transaction ID: SB21B.5569 Date of Disbursement 02 / 27 / 2009
	Mailing Address 20 Hillside Ct.	
	City Westminster State MD Zip Code 21157	Amount of Each Disbursement this Period 1829.93
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	5489.78
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mrs. April Rose	Transaction ID: SB21B.5570 Date of Disbursement MM / DD / YYYY 02 / 04 / 2009
	Mailing Address 1100 Algonon Drive	Amount of Each Disbursement this Period 840.00
	City Westminster State MD Zip Code 21157	
	Purpose of Disbursement Fundraising Consultant Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. April Rose	Transaction ID: SB21B.5571 Date of Disbursement MM / DD / YYYY 02 / 18 / 2009
	Mailing Address 1100 Algonon Drive	Amount of Each Disbursement this Period 720.00
	City Westminster State MD Zip Code 21157	
	Purpose of Disbursement Fundraising Consultant Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Lukens Company	Transaction ID: SB21B.5573 Date of Disbursement MM / DD / YYYY 02 / 03 / 2009
	Mailing Address 2800 Shirlington Rd. 9th floor	Amount of Each Disbursement this Period 4000.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Direct Mail non-candidate Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5560.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 24 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

The Lukens Company

Mailing Address 2800 Shirlington Rd.  
9th floor

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Direct Mail non-candidate

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5574

Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

4712.96

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297

Purpose of Disbursement  
Telephone/Fax

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5575

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

467.13

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

5180.09

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

37519.15

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

NAME OF ACCOUNT BB&T Bank	DATE OF RECEIPT <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>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9	TOTAL AMOUNT TRANSFERRED 880.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	3		2	0	0	9													

BREAKDOWN OF TRANSFER RECEIVED

<b>i) Total Administrative</b> .....	880.00	Transaction ID: H3.5576
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

<b>TOTAL</b> This Period (Administrative) .....	880.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	880.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A. Full Name (Last, First, Middle Initial)**  
Sprint Communications  
Mailing Address  
PO Box 4181  
City State Zip Code  
Carol Stream IL 60197  
Purpose of Disbursement:  
telephone  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
117.53  
Date 02 / 23 / 2009  
Transaction ID: H4.5578

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.36		80.34		101.70

**B. Full Name (Last, First, Middle Initial)**  
Sprint Communications  
Mailing Address  
PO Box 4181  
City State Zip Code  
Carol Stream IL 60197  
Purpose of Disbursement:  
telephone  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
228.01  
Date 02 / 23 / 2009  
Transaction ID: H4.5580

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.20		87.28		110.48

**C. Full Name (Last, First, Middle Initial)**  
Federal Express  
Mailing Address  
PO Box 371461  
City State Zip Code  
Pittsburg PA 15250  
Purpose of Disbursement:  
postage non-candidate  
Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
243.01  
Date 02 / 23 / 2009  
Transaction ID: H4.5581

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.15		11.85		15.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.71		179.47		227.18

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

<b>A. Full Name (Last, First, Middle Initial)</b> Marlin Leasing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 13604			Allocated Activity or Event Year-To-Date 719.75	
City Philadelphia	State PA	Zip Code 19101	Date MM / DD / YYYY 02 / 23 / 2009	
Purpose of Disbursement: equipment lease			Transaction ID: H4.5583	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.12		376.62		476.74

<b>B. Full Name (Last, First, Middle Initial)</b> Delta Trash Removal			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 1654			Allocated Activity or Event Year-To-Date 792.75	
City Pasaden	State MD	Zip Code 21123	Date MM / DD / YYYY 02 / 23 / 2009	
Purpose of Disbursement: trash removal			Transaction ID: H4.5585	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.33		57.67		73.00

<b>C. Full Name (Last, First, Middle Initial)</b> Annapolis Cleaning Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 707			Allocated Activity or Event Year-To-Date 1004.75	
City Annapolis	State MD	Zip Code 21404	Date MM / DD / YYYY 02 / 23 / 2009	
Purpose of Disbursement: Janitorial service			Transaction ID: H4.5587	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.52		167.48		212.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
159.97		601.77		761.74

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

**A. Full Name (Last, First, Middle Initial)**  
BB&T Bank Allocation

Mailing Address  
15 West Street

City	State	Zip Code
Annapolis	MD	21401

001

Purpose of Disbursement:  
Bank service charge

Category/  
Type

Type of Allocated Activity:

- Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1018.74

Activity or Event Identifier:  
Administrative

Date   

M	M
0	2

 /   

D	D
2	7

 /   

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.5589

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.94		11.05		13.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.94		11.05		13.99

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
210.62	792.29	1002.91