

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DONNA EDWARDS FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	9667.00	520180.24
(b) Total Contribution Refunds (from Line 20(d))	0.00	101.72
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9667.00	520078.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19872.48	486298.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3229.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19872.48	483069.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	52287.05	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	10020.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

DONNA EDWARDS FOR CONGRESS

Report Covering the Period: From: / / 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).....	7950.00	153561.00
(ii) Unitemized.....	717.00	8219.24
(iii) TOTAL of contributions from individuals ▶	8667.00	161780.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	358400.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9667.00	520180.24
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	2000.00
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	3229.74
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	9667.00	525409.98

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19872.48	486298.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	23000.00
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	101.72
(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	101.72
21. OTHER DISBURSEMENTS	10000.00	10000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	29872.48	519400.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	72492.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9667.00
25. SUBTOTAL (add Line 23 and Line 24).....	82159.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29872.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	52287.05

**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 21
	<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)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lina Allen

Mailing Address 14203 Derby Ridge Road

City State Zip Code
Bowie MD 20721

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.65104

Amount of Each Receipt this Period
250.00

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

Mailing Address 3217 Aberfoyle Place NW

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
Bingham Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.65115

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Ivy Dildy-Mcleod

Mailing Address 12123 Ivory Fashion Court

City State Zip Code
Laurel MD 20708

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.65100

Amount of Each Receipt this Period
250.00

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

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

3100.00

**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 21
	<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	

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Uton Donaldson

Mailing Address 3802 Diplomat Avenue

City State Zip Code
Bowie MD 20721

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

Name of Employer Occupation
Donaldson's Consulting Services LLC President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.65098

Amount of Each Receipt this Period
250.00

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

Mailing Address 17 West 54th Street #6

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Self Employed Designer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.65113

Amount of Each Receipt this Period
250.00

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

Mailing Address 721 Oglethorpe Street NW

City State Zip Code
Washington DC 20011

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.65107

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<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	

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barbara Johnson

Mailing Address 3428 Blair Road

City Falls Church State VA Zip Code 22041

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

Name of Employer Long & Foster Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11AI.65105

Amount of Each Receipt this Period
 250.00

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

Mailing Address 440 Severnside Drive

City Severna Park State MD Zip Code 21146

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

Name of Employer Retired Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.65119

Amount of Each Receipt this Period
 50.00

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

Mailing Address 4825 Essex Avenue

City Chevy Chase State MD Zip Code 20815

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

Name of Employer GMMB, Inc. Occupation Advertising Exec

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.65135

Amount of Each Receipt this Period
 250.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<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	

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Raelynn Olson

Mailing Address 5535 22nd Street N

City: Arlington State: VA Zip Code: 22205

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

Name of Employer: GMMB Occupation: Communications Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 10 / 08 / 2014

Transaction ID : SA11AI.65124

Amount of Each Receipt this Period: 300.00

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

Mailing Address 3218 Davenport Street NW

City: washington State: DC Zip Code: 20008

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

Name of Employer: GMMB Occupation: Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 13 / 2014

Transaction ID : SA11AI.65128

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1347 Constitution Avenue NE

City: Washington State: DC Zip Code: 20002

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

Name of Employer: GMMB Occupation: Media Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 14 / 2014

Transaction ID : SA11AI.65132

Amount of Each Receipt this Period: 250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<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	

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NAME OF COMMITTEE (In Full)
DONNA EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Melville Wyche

Mailing Address 12503 Trelawn Terrace

City State Zip Code
Bowie MD 20721

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

Name of Employer Occupation
Howard University Anesthesiology

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.65102

Amount of Each Receipt this Period
250.00

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

Mailing Address 6555 Paper Place

City State Zip Code
Highland MD 20777

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

Name of Employer Occupation
ERT CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.65096

Amount of Each Receipt this Period
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2750.00

7950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial)
AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1910 SUNDERLAND PLACE, NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 09 2014

Transaction ID : SA11C.65058

Amount of Each Receipt this Period
 1000.00

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

1000.00

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

1000.00

**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 11 OF 21			
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 8.91 Transaction ID : SB17.65080
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 12.84 Transaction ID : SB17.65081
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 34.27 Transaction ID : SB17.65082
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Fund Raising Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	56.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 21	
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 35.00
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Baggage Handling Fees	Transaction ID : SB17.65094
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 547.68
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airfare	Transaction ID : SB17.65095
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Bond 45		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 149 Waterfront Street		Amount of Each Disbursement this Period 147.48
City National Harbor	State MD	
Zip Code 20745	Purpose of Disbursement Meals - Political Meeting	Transaction ID : SB17.65087
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	730.16
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 21			
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Carey International, Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014		
Mailing Address 4530 Wisconsin Avenue NW			Amount of Each Disbursement this Period 792.16		
City Washington	State DC	Zip Code 20016	Transaction ID : SB17.65070		
Purpose of Disbursement Car Service		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) B. Carey International, Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014		
Mailing Address 4530 Wisconsin Avenue NW			Amount of Each Disbursement this Period 257.86		
City Washington	State DC	Zip Code 20016	Transaction ID : SB17.65071		
Purpose of Disbursement Car Service		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) c. Carey International, Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014		
Mailing Address 4530 Wisconsin Avenue NW			Amount of Each Disbursement this Period 463.36		
City Washington	State DC	Zip Code 20016	Transaction ID : SB17.65072		
Purpose of Disbursement Car Service		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1513.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 21	
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 195.00 Transaction ID : SB17.65073
City Waltham	State MA Zip Code 02451	
Purpose of Disbursement Email Marketing and Survey Tools	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Air Lines		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 164.00 Transaction ID : SB17.65083
City Atlanta	State GA Zip Code 30320	
Purpose of Disbursement Airfare	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Delta Air Lines		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 9.00 Transaction ID : SB17.65084
City Atlanta	State GA Zip Code 30320	
Purpose of Disbursement In-flight Meal	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	368.00
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 15 OF 21			
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Maryland Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 188 Main Street Suite 1		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.65069
City Annapolis	State MD Zip Code 21401	
Purpose of Disbursement Dues	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 125.22 Transaction ID : SB17.65092
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Meals - Political Meeting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NGP Software, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1225 Eye Street, NW		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.65075
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Fund Raising Software	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6625.22
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 16 OF 21		
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jeremiah Pope		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.65066
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Consulting Services - Fund Raising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Shell		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 8511 Oxon Hill Road		Amount of Each Disbursement this Period 46.25 Transaction ID : SB17.65076
City Fort Washington	State MD	
Zip Code 20744	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Sonoma Restaurant and Wine Bar		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 223 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1093.26 Transaction ID : SB17.65077
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Catering Services - Fundraiser	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	8139.51
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 17 OF 21	
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 111 North Cove Terrace		Amount of Each Disbursement this Period 45.54
City National Harbor	State MD	
Zip Code 20745	Purpose of Disbursement Gas	Transaction ID : SB17.65078
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 99.19
City Chicago	State IL	
Zip Code 60601	Purpose of Disbursement Airfare	Transaction ID : SB17.65079
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 14.00
City Chicago	State IL	
Zip Code 60601	Purpose of Disbursement In-flight Meal	Transaction ID : SB17.65088
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	158.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21			
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United Airlines			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014		
Mailing Address 77 West Wacker Drive			Amount of Each Disbursement this Period 721.10		
City Chicago	State IL	Zip Code 60601	Transaction ID : SB17.65089		
Purpose of Disbursement Airfare		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. United Airlines			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014		
Mailing Address 77 West Wacker Drive			Amount of Each Disbursement this Period 75.00		
City Chicago	State IL	Zip Code 60601	Transaction ID : SB17.65090		
Purpose of Disbursement Baggage Handling Fees		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. US Airways			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014		
Mailing Address 4000 E. Sky Harbor Blvd			Amount of Each Disbursement this Period 434.00		
City Phoenix	State AZ	Zip Code 85043	Transaction ID : SB17.65085		
Purpose of Disbursement Airfare		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1230.10
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 19 OF 21		
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Daniel Weber		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1356 Kenyon St. NW, #2		Amount of Each Disbursement this Period 833.33 Transaction ID : SB17.65067
City Washington State DC Zip Code 20010	Purpose of Disbursement Consulting Services - Communications	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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	
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:		

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).....	833.33
TOTAL This Period (last page this line number only).....	19654.45

**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 20 OF 21	
	<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)
DONNA EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 430 South Capitol Street, SE 2nd Floor		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Dues	
Candidate Name	Category/Type	Transaction ID : SB21.65065
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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	
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:		

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).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DONNA EDWARDS FOR CONGRESS

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

Estelle Rogers

Nature of Debt (Purpose):
Legal Services

Mailing Address 3252 S Street NW

City State Zip Code
Washington DC 20007

Outstanding Balance Beginning This Period

10020.00

Transaction ID : SD10.37255

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10020.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

10020.00

2) **TOTALS** This Period (last page this line number only)

10020.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

10020.00