

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) Frank Kratovil for Congress

ADDRESS (number and street) 222 Main Sail Drive, PO Box 518, Stevensville, MD 21666

2. FEC IDENTIFICATION NUMBER C00434936, IS THIS REPORT NEW OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Election on 11/04/2008 in the State of MD

5. Covering Period 10/01/2008 through 10/15/2008

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 Elaine Harrison

Signature of Treasurer Electronically Filed by Elaine Harrison Date 01/20/2009

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Frank Kratovil for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	126958.48	1522087.39
(b) Total Contribution Refunds (from Line 20(d)).....	200.00	8608.90
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	126758.48	1513478.49
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	470848.90	1359538.57
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	75.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	470848.90	1359463.57
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>173511.82</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>393.75</b>	

**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  
Frank Kratovil for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

**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).....

72920.00

916381.12

(ii) Unitemized.....

10518.00

145138.22

(iii) TOTAL of contributions

83438.00

1061519.34

from individuals..... ▶

250.00

9415.59

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

43270.48

439307.84

(d) The Candidate.....

0.00

11844.62

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

126958.48

1522087.39

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

19071.54

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

75.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

425.36

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

126958.48

1541659.29

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	470848.90	1359538.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	200.00	8105.90
(b) Political Party Committees.....	0.00	2.00
(c) Other Political Committees (such as PACs).....	0.00	501.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	200.00	8608.90
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	471048.90	1368147.47

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	517602.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	126958.48
25. SUBTOTAL (add Line 23 and Line 24).....	644560.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	471048.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	173511.82

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 318 Ackerman Rd

City State Zip Code  
Stevensville MD 21666

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Restaurateur

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

**Transaction ID:** C4868813

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1020 Timber Trail Road

City State Zip Code  
Towson MD 21286

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Office of Public Defender Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

**Transaction ID:** C4882145

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 112 Hilton Ave.

City State Zip Code  
Catonsville MD 21228

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

**Transaction ID:** C4882146

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1600.00

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

**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 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Konstantinos Alexakis		Date of Receipt
	Mailing Address 1118 Spy Glass Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 3 / 2 0 0 8
	City	State	Zip Code
	Arnold	MD	21012
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C4882168
Name of Employer Self Employed		Occupation Managment	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Russell G. Alion, Jr.		Date of Receipt
	Mailing Address 1419 Ashford Creek Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Atlanta	GA	30319
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C4868748
Name of Employer New Homes SmartMail		Occupation sole prop./owner	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolyn A. Allen		Date of Receipt
	Mailing Address 1553 Teal Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Ocean City	MD	21842
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C4877610
Name of Employer none		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 1602 Waterbury Court

City State Zip Code  
Bel Air MD 21014

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

Name of Employer Baltimore Schools Occupation Teacher

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2008

**Transaction ID:** C4882192

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 13873 Park Center Road, Suite 301  
Sutie 301

City State Zip Code  
Herndon VA 20171

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

Name of Employer Self Occupation Publisher

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2008

**Transaction ID:** C4877496

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2327 Boston Street  
Unit 14

City State Zip Code  
Baltimore MD 21224

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2008

**Transaction ID:** C4882153

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 8 / 81
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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheila Austrian		Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 7250 Pentridge Lane		Transaction ID: C4880720
	City Chestertown	State MD	Zip Code 21620
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Federal Civil Servant re-tired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation retired Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles A. Barrett		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 1001 Atlantic Avenue		Transaction ID: C4878522
	City Ocean City	State MD	Zip Code 21842
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Joel D Berger		Date of Receipt MM / DD / YYYY 10 / 05 / 2008
	Mailing Address 201 Arnold Lane		Transaction ID: C4881008
	City Stevensville	State MD	Zip Code 21666
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
	Name of Employer Self Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation attorney Election Cycle-to-Date ▼ 1550.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 12251 Roundwood Rd. #407  
407

City State Zip Code  
Lutherville Timoni MD 21093

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired--Clergy Presbyterian Church US Retired Carol Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

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

**Transaction ID:** C4877535

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2001 12th St. NW  
117

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

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

**Transaction ID:** C4880709

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 210 Marlboro Ave  
Suite 31

City State Zip Code  
Easton MD 21601

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Historic Preservation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

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

**Transaction ID:** C4880766

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 3400.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 855 Mt.Harmony Rd.

City Owings State MD Zip Code 20736

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

Name of Employer Alexander & Cleaver Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2008  
**Transaction ID: C4882166**  
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 27188 Bailey Neck Rd

City Easton State MD Zip Code 21601

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

Name of Employer Patton Boggs Occupation Lobbyist

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2008  
**Transaction ID: C4868690**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 24811 Deep Water Point Dr.

City Saint Michaels State MD Zip Code 21663

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

Name of Employer Retired Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 07 / 2008  
**Transaction ID: C4877551**  
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
Henry E. Burden, Jr.  
Mailing Address P. O. 147

City State Zip Code  
Charlestown MD 21914

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

Name of Employer Occupation  
Town of Charlestown Town Administrator

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

**Transaction ID:** C4869028

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ardath M Cade  
Mailing Address 78 Riverside Dr.

City State Zip Code  
Severna Park MD 21146

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

**Transaction ID:** C4882163

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Donna F. Cantor  
Mailing Address P. O. Box 366

City State Zip Code  
Saint Michaels MD 21663

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

Name of Employer Occupation  
Self Employed photographer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** C4868692

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 14272 Drapers Mill Road

City Greensboro State MD Zip Code 21639

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

Name of Employer retired biologist/teacher Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt: 10 / 05 / 2008  
**Transaction ID: C4878548**  
 Amount of Each Receipt this Period: 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 36 Pinehurst Road

City Berlin State MD Zip Code 21811

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt: 10 / 02 / 2008  
**Transaction ID: C4877599**  
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3100 Paloro Lane

City Huntingtown State MD Zip Code 20639-4214

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

Name of Employer Self--Zoglio Chandlee PA Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt: 10 / 01 / 2008  
**Transaction ID: C4879586**  
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)

Suzanne Clarke

Mailing Address 4841 Tilden St.

City State Zip Code  
Washington DC 20016

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

Name of Employer Occupation  
Not supplied Teacher

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: C4880989

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Thomas K. Coates

Mailing Address 6200 Coastal Hwy. Ste. 300  
Ste 300

City State Zip Code  
Ocean City MD 21842

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

Name of Employer Occupation  
Coates, Coates, & Coates Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: C4877601

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Edward C Covahey, Jr.

Mailing Address 606 Baltimore Avenue, Suite 205  
305

City State Zip Code  
Towson MD 21204

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

Name of Employer Occupation  
self attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C4877532

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
J. Stephen Craig

Mailing Address 877 Holly Drive South

City State Zip Code  
Annapolis MD 21401

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

Name of Employer Occupation  
EnVista Freight Transportation Mgt.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: C4881046

Amount of Each Receipt this Period  
1300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
William F. Creager

Mailing Address 201 S. Water Front Street

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: C4869059

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Virginia K Croker

Mailing Address 2 Byford Ct.

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Occupation  
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: C4882185

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1650.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
Betty McGarvie Crowley  
Mailing Address 823 Boatswain Way  
City Annapolis State MD Zip Code 21401  
FEC ID number of contributing federal political committee. C  
Name of Employer retired Occupation retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00  
Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8  
Transaction ID: C4882165  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Thomas F. Cullen, Jr.  
Mailing Address 51 Louisiana Avenue, NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. C  
Name of Employer Information Requested Occupation Information Requested  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 8  
Transaction ID: C4878562  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Kathryn J Dahl  
Mailing Address 109 Lafayette Ave  
City Annapolis State MD Zip Code 21401  
FEC ID number of contributing federal political committee. C  
Name of Employer Hyatt Perkins Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 8  
Transaction ID: C4881012  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00  
**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 16 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 9417 Byeforde Rd

City State Zip Code  
Kensington MD 20895

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

Name of Employer Nat'l Speech Lang. Occupation Speech language pathologist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

**Transaction ID:** C4882173

Amount of Each Receipt this Period  
125.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 16908 Melbourne Dr

City State Zip Code  
Laurel MD 20707

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

Name of Employer National Speech Occupation Pathologist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

**Transaction ID:** C4882164

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 11 Ash Lane

City State Zip Code  
Elkton MD 21921

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

Name of Employer Cecil County Occupation State's Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 8

**Transaction ID:** C4869017

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **675.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 17 / 81</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Larry F. Eisenstat</p> <p>Mailing Address 9904 Woodford Road</p> <p>City Potomac State MD Zip Code 20854</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: Dickstein Shapiro Occupation: Attorney</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y                  1 0 / 0 2 / 2 0 0 8</p> <p><b>Transaction ID:</b> C4867972</p> <p>Amount of Each Receipt this Period                  1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Kirsten Eriksson</p> <p>Mailing Address 100 Premier Court</p> <p>City Severna Park State MD Zip Code 21146</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: Miles &amp; Stockbridge Occupation: Attorney</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">360.00</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y                  1 0 / 0 3 / 2 0 0 8</p> <p><b>Transaction ID:</b> C4868022</p> <p>Amount of Each Receipt this Period                  360.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) William E. Esham, Jr.</p> <p>Mailing Address 8611 Saddle Creek Dr.</p> <p>City Berlin State MD Zip Code 21811</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: Donaway Furniture Occupation: President</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">750.00</p>	<p>Date of Receipt                  M M / D D / Y Y Y Y                  1 0 / 0 1 / 2 0 0 8</p> <p><b>Transaction ID:</b> C4877650</p> <p>Amount of Each Receipt this Period                  500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1860.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
William E. Esham, III

Mailing Address P. O. Box 1244

City State Zip Code  
Berlin MD 21811

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

Name of Employer Occupation  
Donaway Furniture Businessman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

Transaction ID: C4877594

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Beth Falcone

Mailing Address 8 Englewood Road

City State Zip Code  
Baltimore MD 21210

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: C4879535

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

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

Mailing Address Not available

City State Zip Code  
Not available MD 00000

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

Name of Employer Occupation  
Florida Crystal Corp Exec

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: C4879584

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 19 / 81</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) M. Albert Figinski</p> <p>Mailing Address 6412 Steel Flower Path</p> <p>City State Zip Code Columbia MD 21045</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Peter Angelos Law Firm Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">550.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8</p> <p><b>Transaction ID:</b> C4868803</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">200.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Timothy Frank</p> <p>Mailing Address 109 Water Fountain Way Apt. 304</p> <p>City State Zip Code Glen Burnie MD 21060</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation American Honda Sales Mgr.</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8</p> <p><b>Transaction ID:</b> C4881674</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert L. Gell, Ph.D</p> <p>Mailing Address PO Box 440</p> <p>City State Zip Code Charlestown MD 21914-0154</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation retired retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">405.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 8</p> <p><b>Transaction ID:</b> C4869036</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">25.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">525.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; height: 20px;"></span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 81  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15
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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Susan Gelman

Mailing Address 11 W. Lenox St

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Philanthropist Occupation none given

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** C4880803

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Robert E. Givarz

Mailing Address 821 N. Atlantic Ave

City State Zip Code  
Ocean City MD 21842

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

Name of Employer Alaska Stand (Burgers Etc... Inc.) Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

**Transaction ID:** C4877656

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Eugene Goldman

Mailing Address 1213 Merchant Lane

City State Zip Code  
McLean VA 22101

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

Name of Employer McDermott, Will, Emery Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

**Transaction ID:** C4882150

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Harold B. Gordy, Jr.	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 415 14th. Street, No.55	<b>Transaction ID:</b> C4877602
	City State Zip Code Ocean City MD 21842	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Ayers, Jenkins, Gordy & Almand Attorney Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth K Gray	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 10 Belmullett Ct., #302	<b>Transaction ID:</b> C4880706
	City State Zip Code Timonium MD 21093	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Towson University Associate Professor Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	400.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul E. Hagen	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 5726 MacArthur Blvd. NW	<b>Transaction ID:</b> C4867977
	City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation BEVERIDGE & DIAMOND PC Attorney Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 22 / 81
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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Clivie C Haley, Jr.	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 428 Quarter Creek Drive	<b>Transaction ID:</b> C4869032
	City State Zip Code Queenstown MD 21658	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer retired	Occupation retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Larry E. Harmel	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 823 Dorsey Ave.	<b>Transaction ID:</b> C4881060
	City State Zip Code Essex MD 21221	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer MD Chief of Police Association	Occupation Ex. Director	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Anthony S Harrington	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 7768 Ratcliffe Manor Ln.	<b>Transaction ID:</b> C4868700
	City State Zip Code Easton MD 21601-7432	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stonebridge International	Occupation PresCEO retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="border: 1px solid black; padding: 2px;">PAGE 23 / 81</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Patti K. Hegland</p> <p>Mailing Address 213 N. Water Street</p> <p>City State Zip Code Chestertown MD 21620</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation retired retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="padding: 2px;">1 0 / 0 6 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> C4878551</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">250.00</span> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M M / D D / Y Y Y Y	1 0 / 0 6 / 2 0 0 8
M M / D D / Y Y Y Y			
1 0 / 0 6 / 2 0 0 8			

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joseph H Hellner</p> <p>Mailing Address 1059 Rustling Oaks</p> <p>City State Zip Code Millersville MD 21108</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation U.S. Govt - Dept of Defense Program Manager</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">440.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="padding: 2px;">1 0 / 1 0 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> C4880798</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">200.00</span> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M M / D D / Y Y Y Y	1 0 / 1 0 / 2 0 0 8
M M / D D / Y Y Y Y			
1 0 / 1 0 / 2 0 0 8			

<p><b>C.</b> Full Name (Last, First, Middle Initial) David B Hoffberger</p> <p>Mailing Address 1025 Placid Ct.</p> <p>City State Zip Code Arnold MD 21012</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation HC Communications Services Consultant</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">350.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="padding: 2px;">1 0 / 0 9 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> C4882174</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">350.00</span> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M M / D D / Y Y Y Y	1 0 / 0 9 / 2 0 0 8
M M / D D / Y Y Y Y			
1 0 / 0 9 / 2 0 0 8			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; font-weight: bold;">800.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;"> </span>

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

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

FOR LINE NUMBER: PAGE 24 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 104 S. Cross Street

City State Zip Code  
Chestertown MD 21620

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

Name of Employer: Hoon & Associates   Occupation: attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt: 10 / 09 / 2008  
**Transaction ID: C4879592**  
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 161 Ottawa Ave. NW Suite 501-H  
Suite 501-H

City State Zip Code  
Grand Rapids MI 49503

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

Name of Employer: John Hunting & Associates   Occupation: President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt: 10 / 01 / 2008  
**Transaction ID: C4877459**  
 Amount of Each Receipt this Period: 750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 11008 Tara Rd

City State Zip Code  
Potomac MD 20854-1344

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

Name of Employer: Self Employed   Occupation: Investor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID: C4881620**  
 Amount of Each Receipt this Period: 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Irene R Kaplan

Mailing Address 11008 Tara Rd.

City Potomac State MD Zip Code 20854

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 10 / 13 / 2008

Transaction ID: C4881656

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Nancy A. Kaplan

Mailing Address 20 A Tree Farm Court

City Glen Arm State MD Zip Code 21057

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

Name of Employer U. of Baltimore Occupation Professor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt 10 / 01 / 2008

Transaction ID: C4867990

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
James M Kehl

Mailing Address 5701 Benton Heights Ave.

City Baltimore State MD Zip Code 21206

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

Name of Employer Mister, Burton Palmisano & French Occupation Accountant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2008

Transaction ID: C4869024

Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 6301 Dahlonge Rd.

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
Maryland State Treasurer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2008

**Transaction ID:** C4881679

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1456 Grandview Rd.

City State Zip Code  
Arnold MD 21012

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

Name of Employer Occupation  
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2008

**Transaction ID:** C4880994

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P. O. Box 121

City State Zip Code  
Bozman MD 21612

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

Name of Employer Occupation  
self employed not given

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2008

**Transaction ID:** C4868698

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
Richard E. Lynch  
Mailing Address 5435 Anderby Dr  
City Royal Oak State MD Zip Code 21662  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dignity/Washington Occupation Office Manager  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1900.00  
Date of Receipt 10 / 08 / 2008  
Transaction ID: C4882179  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
George P Maloney  
Mailing Address 1131 Benfield Blvd. Ste F  
City Millersville State MD Zip Code 21108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HELIX Construction Services Occupation President  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 10 / 13 / 2008  
Transaction ID: C4882171  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Walter C. Mann  
Mailing Address 301 Boardwalk  
City Ocean City State MD Zip Code 21842  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 10 / 02 / 2008  
Transaction ID: C4877615  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Richard M Markman

Mailing Address 734 Thompson Creek Road

City State Zip Code  
Stevensville MD 21666

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

Name of Employer Occupation  
Island Yacht Brokers Salesman self-co

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

**Transaction ID:** C4878607

Amount of Each Receipt this Period  
750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Harry I Martin, Jr.

Mailing Address 448 River Bend Rd.

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

**Transaction ID:** C4881006

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Carla Massoni

Mailing Address 209 N. Water St.

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Occupation  
FBA Inc. Management

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

**Transaction ID:** C4882143

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 81  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 433 Heron Point

City State Zip Code  
Chestertown MD 21620-1502

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

Name of Employer Occupation  
Retired Professor Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2008

**Transaction ID:** C4881051

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 10 Woodfield Court

City State Zip Code  
Reisterstown MD 21136

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2008

**Transaction ID:** C4878628

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8410 Westmont Terr.

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2008

**Transaction ID:** C4881644

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Hagner R. Mister

Mailing Address P. O. Box 3609  
2875 German Chapel Road

City Prince Frederick State MD Zip Code 20678

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

Name of Employer self-employed Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt 10 / 08 / 2008

Transaction ID: C4879573

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Russell D Morris

Mailing Address 120 Sherburn Rd.

City Severna Park State MD Zip Code 21146

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt 10 / 13 / 2008

Transaction ID: C4882172

Amount of Each Receipt this Period 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Thomas R Mullen

Mailing Address 1007 Covington St.

City Baltimore State MD Zip Code 21230

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

Name of Employer Mercy Health Occupation CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt 10 / 14 / 2008

Transaction ID: C4882136

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Bernard Nash

Mailing Address 1825 Eye Street NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation  
Dickstein Shapiro Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 8

Transaction ID: C4882155

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
R. Charles Nichols

Mailing Address 10527 Calvin Lane

City State Zip Code  
Berlin MD 21811

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

Name of Employer Occupation  
BSC America Business Management

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C4877596

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
John E. Nunn, III

Mailing Address 10746 Worton Road  
P. O. Box 141

City State Zip Code  
Worton MD 21678

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

Name of Employer Occupation  
State of MD Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: C4879590

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael P. O'Shea

Mailing Address 11425 Susquehanna Trail

City State Zip Code  
Glen Rock PA 17327

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

Name of Employer Occupation  
Akin Gump Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** C4878537

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P. O. Box 551

City State Zip Code  
Ocean City MD 21842

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

**Transaction ID:** C4877604

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 7101 Bayfront Drive  
Unit 610

City State Zip Code  
Annapolis MD 21403

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 8

**Transaction ID:** C4880726

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

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

Mailing Address 8 Sandy Circle

City State Zip Code  
Berlin MD 21811

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

Name of Employer Self Occupation  
Antiques

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 8

**Transaction ID:** C4867944

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Mary Ellen Pease

Mailing Address 704 Stone Barn Ct.

City State Zip Code  
Towson MD 21286

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

Name of Employer Self Employed Occupation  
not given

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** C4880800

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Deborah L Potter

Mailing Address 1203 Algonquin Rd

City State Zip Code  
Crownsville MD 21032

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

Name of Employer The Jaklitsch Law Group Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 8

**Transaction ID:** C4878558

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joyce Marie Purcell  
Mailing Address 8744 S. Bayview Drive  
City State Zip Code  
Chestertown MD 21620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00  
Date of Receipt 10 / 03 / 2008  
Transaction ID: C4879541  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Kieron F. Quinn  
Mailing Address 26 Sparks Station Road  
City State Zip Code  
Sparks Glencoe MD 21152  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Quinn, Gordon & Wolf Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 10 / 03 / 2008  
Transaction ID: C4867955  
Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Dennis F Rasmussen  
Mailing Address 306 W. Chesapeake Ave  
City State Zip Code  
Towson MD 21204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rasmussen Occupation Gov't Relations  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 10 / 06 / 2008  
Transaction ID: C4881061  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial) Hugh Reinhart		Date of Receipt MM / DD / YYYY 10 / 07 / 2008
Mailing Address 1188 Indian Landing Road		<b>Transaction ID:</b> C4881005
City Millersville	State MD	Zip Code 21108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Arena Tech	Occupation Programmer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1612.00	

**B.**

Full Name (Last, First, Middle Initial) Gregory A Russell		Date of Receipt MM / DD / YYYY 10 / 09 / 2008
Mailing Address 1605 Marion Quimby Dr,		<b>Transaction ID:</b> C4880801
City Stevensville	State MD	Zip Code 21666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer US Gov't	Occupation Union Officer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Elizabeth M. Salett		Date of Receipt MM / DD / YYYY 10 / 10 / 2008
Mailing Address 6860 Penridge Court		<b>Transaction ID:</b> C4879530
City Chestertown	State MD	Zip Code 21620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer retired	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1260.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Anthony Sarbanes

Mailing Address 1108 Granby's Run

City State Zip Code  
Salisbury MD 21804

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

Name of Employer State of MD Occupation Delegate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
100.00

Transaction ID: C4868795

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
J. Mark Schapiro

Mailing Address 1427 Clarkview Road Suite 500

City State Zip Code  
Baltimore MD 21209

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

Name of Employer Continental Realty Occupation Realtor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
1000.00

Transaction ID: C4877444

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Nellie M Semans

Mailing Address P.O. Box 827

City State Zip Code  
Brooklandville MD 21022

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
1000.00

Transaction ID: C4882183

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Brian D. Shockley

Mailing Address 10110 Ponderosa Court

City State Zip Code  
Ocean City MD 21842

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2008

**Transaction ID:** C4877588

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Gregory Shockley

Mailing Address 10148 Queens Circle

City State Zip Code  
Ocean City MD 21842

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Hotel Owner Shananians

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

1750.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2008

**Transaction ID:** C4877577

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Raymond C Shockley

Mailing Address PO Box 705

City State Zip Code  
Ocean City MD 21843

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

1150.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2008

**Transaction ID:** C4878542

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1750.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susan M. Shockley  
Mailing Address 10148 Queens Circle

City State Zip Code  
Ocean City MD 21842

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

Name of Employer None Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

**Transaction ID:** C4877590

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Susan M. Shockley  
Mailing Address 10148 Queens Circle

City State Zip Code  
Ocean City MD 21842

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

Name of Employer None Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

**Transaction ID:** C4877592

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Francis J Sinek  
Mailing Address 2150 Troon Overlook Apt. 203

City State Zip Code  
Woodstock MD 21163

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 8

**Transaction ID:** C4882187

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# 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 39 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Marko M Slusarczuk	Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 12009 Evening Ride Dr	<b>Transaction ID:</b> C4880788
	City Potomac State MD Zip Code 20854	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer OSTA Occupation Director Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Hugh M. Smith	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 27525 Westpoint Road	<b>Transaction ID:</b> C4868724
	City Easton State MD Zip Code 21601	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Caldwell Banker Occupation Residential Brokerage, Eastern Shore P Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Regan Smith	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address P. O. Box 62	<b>Transaction ID:</b> C4877612
	City Ocean City State MD Zip Code 21843	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Information Requested Occupation Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 40 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 818 Bellemore Rd.

City Baltimore State MD Zip Code 21210

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

Name of Employer United Book Press Occupation VP

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2008

Transaction ID: C4881684

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5140 Long Point Farm Dr.

City Oxford State MD Zip Code 21654

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

Name of Employer Delmarva Radiology Occupation Radiologist

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2008

Transaction ID: C4880612

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 28 Allegheny Ave. #1208

City Towson State MD Zip Code 21204

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2008

Transaction ID: C4880888

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 2506 Doyles Lane

City Davidsonville State MD Zip Code 21035

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Developer

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

**Transaction ID:** C4882162

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Walter M. Stansell, Jr.

Mailing Address 11708 Gum Point Road

City Berlin State MD Zip Code 21811

FEC ID number of contributing federal political committee. C

Name of Employer Trio Gringos Occupation Restaurateur

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

**Transaction ID:** C4877580

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8404 Avelely Manor Lane

City Easton State MD Zip Code 21601

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

**Transaction ID:** C4877554

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 2750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Victor Sulin

Mailing Address 85 Burns Crossing Road

City State Zip Code  
Severn MD 21144

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

Name of Employer attorney Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: C4882177

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth R. Suter

Mailing Address 8 Farm Brook Ct.

City State Zip Code  
Perry Hall MD 21128

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

Name of Employer Family Respiratory & Medical Supply Co Occupation Management

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

Transaction ID: C4878555

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

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

Mailing Address 9002 E. Biscayne Drive

City State Zip Code  
Ocean City MD 21842

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

Name of Employer Retired Occupation none

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: C4877646

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 1299 Magnolia Ave

City State Zip Code  
Annapolis MD 21403

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Close Call America Management

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

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

Transaction ID: C4882170

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 225 McKeon Road

City State Zip Code  
Severna Park MD 21146

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Md Hospital Association Sr. VP

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	8

Transaction ID: C4881052

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 25035 Pealiquor Rd

City State Zip Code  
Denton MD 21629

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

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

Transaction ID: C4868694

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 3050.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial) James Kirk Wade		Date of Receipt MM / DD / YYYY 10 / 09 / 2008
Mailing Address 102 N. Water St.		<b>Transaction ID:</b> C4879524
City Chestertown	State MD	Zip Code 21620
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1200.00
Name of Employer Patton Boggs	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1700.00	

**B.**

Full Name (Last, First, Middle Initial) Richard H Wade		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 1221 Cavalier Road		<b>Transaction ID:</b> C4882161
City Arnold	State MD	Zip Code 21012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer American Hospital Association	Occupation Sr. VP	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Lynn R Webster		Date of Receipt MM / DD / YYYY 10 / 14 / 2008
Mailing Address 1285 3rd Ave		<b>Transaction ID:</b> C4882139
City SLC	State UT	Zip Code 84103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 81

(check only one)

11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.

Full Name (Last, First, Middle Initial)  
Debra Weinberg

Mailing Address 4 Huntersworth Court

City State Zip Code  
Owings Mills MD 21117

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

Name of Employer Occupation  
The Associated Social Work

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: C4877442

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
Joseph Weinberg

Mailing Address 601 E. Pratt St., 6th Floor

City State Zip Code  
Baltimore MD 21202

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

Name of Employer Occupation  
Cordish Company VP

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C4881650

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
Carl Widell

Mailing Address 23901 Mt. Misery Rd.

City State Zip Code  
St. Michaels MD 21663

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

Name of Employer Occupation  
Cyberco CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2550.00

Date of Receipt

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

Transaction ID: C4868684

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Carroll Island Associates

Mailing Address 601 E. Pratt Street Suite 600

City State Zip Code  
Baltimore MD 21202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: C4877451

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

LLC - Members below if itemized. Permissible funds.

**B.**

Full Name (Last, First, Middle Initial)  
Reed Cordish

Mailing Address 601 E. Pratt Street, Suite 600

City State Zip Code  
Baltimore MD 21202

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

Name of Employer Occupation  
RC Ventures Management

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: C4881606

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)  
Kent Plaza Associates

Mailing Address 601 E. Pratt Street Suite 600

City State Zip Code  
Baltimore MD 21202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: C4877458

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

LLC - Members below if itemized. Permissible funds.

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

4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.**

Full Name (Last, First, Middle Initial) Erwin Baida		Date of Receipt MM / DD / YYYY 10 / 08 / 2008
Mailing Address 601 E. Pratt Street, Suite 600		Transaction ID: C4881607
City Baltimore	State MD	Zip Code 21202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Kent Plaza Associates	Occupation Management	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> *
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**B.**

Full Name (Last, First, Middle Initial) Kendall Home Furnishings		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
Mailing Address 12319 Ocean Gateway		Transaction ID: C4877516
City Ocean City	State MD	Zip Code 21842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) LLC - Members below if it- emized. Permissible funds.
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Raymond Kendall		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
Mailing Address 6435 Spring Forest		Transaction ID: C4881610
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kendall Home Furnishings	Occupation Management	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> *
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 48 / 81  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address PO Box 611

City State Zip Code  
Severna Park MD 21146

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: C4882157

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

LLC - Members below if itemized. Permissible funds.

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

Mailing Address PO Box 611

City State Zip Code  
Severna Park MD 21146

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

Name of Employer Occupation  
Severn Run Associates Management

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: C4882158

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	72920.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 81  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.

Full Name (Last, First, Middle Initial)  
Cecil County Democrat Club

Mailing Address P. O. Box 1326

City State Zip Code  
Elkton MD 21922

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

Transaction ID: C4868737

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 50 / 81  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
AFGE PAC  
Mailing Address 80 F. Street NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C70000104  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt MM / DD / YYYY 10 / 01 / 2008  
Transaction ID: C4869047  
Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Assoc of Nurse Anesthetists CRNA PAC  
Mailing Address 25 Massachusetts Ave. NW., Suite 5  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00173153  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt MM / DD / YYYY 10 / 10 / 2008  
Transaction ID: C4881639  
Amount of Each Receipt this Period 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Asbestos Workers Political Action Committee  
Mailing Address 9602 Martin Luther King Jr Hwy  
City Lanham State MD Zip Code 20706-1839  
FEC ID number of contributing federal political committee. **C** c00115527  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt MM / DD / YYYY 10 / 06 / 2008  
Transaction ID: C4879625  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 81  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  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)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
Brian Baird for Congress

Mailing Address P. O. Box 5016

City Vancouver State WA Zip Code 98668

FEC ID number of contributing federal political committee. **C** C00310904

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 09 / 2008  
**Transaction ID:** C4877525

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Carpenters' Legislative Improvement Committee

Mailing Address 101 Constitution Ave., NW, 10th Fl

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 01 / 2008  
**Transaction ID:** C4882160

Amount of Each Receipt this Period: 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Citizens for Matthew Weinstein

Mailing Address 3001 Abell Ave

City Baltimore State MD Zip Code 21218

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt: 10 / 14 / 2008  
**Transaction ID:** C4882191

Amount of Each Receipt this Period: 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6200.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 81  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address 601 Pennsylvania Avenue, NW  
South Building, Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 09 / 2008  
**Transaction ID: C4881643**  
 Amount of Each Receipt this Period 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Friends of Anne Healey

Mailing Address 6210 42nd Ave

City Hyattsville State MD Zip Code 20781

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2008  
**Transaction ID: C4880974**  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Friends of Galen Clagett

Mailing Address 203 Grove Blvd.

City Frederick State MD Zip Code 21701

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2008  
**Transaction ID: C4877539**  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 81  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
Friends Of Rahm Emanuel  
Mailing Address P.O. Box 101124

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing federal political committee. **C** C00368829

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 0 / 2 0 0 8

**Transaction ID:** C4879611

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Friends Of Veronica Turner  
Mailing Address 7009 Buchanan Road

City State Zip Code  
Temple Hills MD 20748

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 0 8

**Transaction ID:** C4877544

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
House Majority Fund  
Mailing Address 315 INSPIRATION LANE

City State Zip Code  
GAITHERSBURG MD 20878

FEC ID number of contributing federal political committee. **C** C00321596

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 0 / 2 0 0 8

**Transaction ID:** C4881641

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 81  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

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

Mailing Address PO BOX 19224

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00350439

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 11 / 2008  
**Transaction ID:** C4879616  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
International Council of Shopping Centers, Inc.

Mailing Address 1399 New York Avenue Suite 720

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 01 / 2008  
**Transaction ID:** C4879599  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
League of Conservation Voters

Mailing Address 1920 L St. NW, Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00252940

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 143.28

Date of Receipt: 10 / 05 / 2008  
**Transaction ID:** C4877505  
 Amount of Each Receipt this Period: 101.10

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2101.10

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 81  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
League of Conservation Voters

Mailing Address 1920 L St. NW, Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00252940

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 143.28

Date of Receipt: 10 / 12 / 2008  
**Transaction ID:** C4881621

Amount of Each Receipt this Period: 19.38

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00385534

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2700.00

Date of Receipt: 10 / 08 / 2008  
**Transaction ID:** C4878599

Amount of Each Receipt this Period: 2700.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 607 14th Street NW Suite 800 Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00383232

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 10 / 06 / 2008  
**Transaction ID:** C4881640

Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5219.38**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 81  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
Our Common Values PAC

Mailing Address 101 West Grand Suite 200

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing federal political committee. **C** c00399014

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 9 / 2 0 0 8

**Transaction ID:** C4879622

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund, Inc.

Mailing Address 434 WEST 33RD STREET

City State Zip Code  
NEW YORK NY 10001

FEC ID number of contributing federal political committee. **C** C70004148

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 8

**Transaction ID:** C4877494

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO BOX 17325

City State Zip Code  
JONESBORO AR 72403

FEC ID number of contributing federal political committee. **C** C00428268

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 8

**Transaction ID:** C4882156

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 81  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

**A.** Full Name (Last, First, Middle Initial)  
Seafarers Political Activity Donation  
Mailing Address 5201 Auth Way  
City Suitland State MD Zip Code 20746-4211  
FEC ID number of contributing federal political committee. **C** C00004325  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4500.00  
Date of Receipt: 10 / 01 / 2008  
Transaction ID: C4877508  
Amount of Each Receipt this Period: 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Show-Me-Fund  
Mailing Address 700 13th. Street, NW Suite 600  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00410621  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 10 / 02 / 2008  
Transaction ID: C4877470  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sierra Club Political Committee  
Mailing Address 85 Second Street 2nd Flr.  
City San Francisco State CA Zip Code 94105  
FEC ID number of contributing federal political committee. **C** C00135368  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt: 10 / 02 / 2008  
Transaction ID: C4869054  
Amount of Each Receipt this Period: 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 58 / 81  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.

Full Name (Last, First, Middle Initial)  
Sugar Cane Growers

Mailing Address PO BOX 666

City State Zip Code  
BELLE GLADE FL 33430

FEC ID number of contributing federal political committee. **C** C00254656

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 3 / 2 0 0 8

Transaction ID: C4879606

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	43270.48

**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)

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

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

NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D228001 Date of Disbursement 10 / 01 / 2008
	Mailing Address PO Box 1270	Amount of Each Disbursement this Period 1195.27
	City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Equip.-Furn.	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Arthur Hock	Transaction ID: D228036 Date of Disbursement 10 / 10 / 2008
	Mailing Address 204 N. Queen Street	Amount of Each Disbursement this Period 729.38
	City Chestertown State MD Zip Code 21620	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Camp. Visibilit (Field)	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Auburn Quad Inc	Transaction ID: D227346 Date of Disbursement 10 / 05 / 2008
	Mailing Address PO Box 390728	Amount of Each Disbursement this Period 2.85
	City Cambridge State MA Zip Code 02139	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card processing fee	Category/Type 001
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1927.50
<b>TOTAL</b> 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 60 / 81

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

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

NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.

Full Name (Last, First, Middle Initial)  
Mrs. Lynn A Caliguiri

Mailing Address 220 Broadway

City State Zip Code  
Centreville MD 21617

Purpose of Disbursement  
Consultant Exp. (Fundraising)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D227996

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

783.30

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Mrs. Lynn A Caliguiri

Mailing Address 220 Broadway

City State Zip Code  
Centreville MD 21617

Purpose of Disbursement  
Consultant Fee (Fundraising)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D227997

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

2500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Mrs. Lynn A Caliguiri

Mailing Address 220 Broadway

City State Zip Code  
Centreville MD 21617

Purpose of Disbursement  
Postage (Fundraising)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D228026

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

210.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

3493.30

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)

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

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

NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Lynn A Caliguiri <hr/> Mailing Address 220 Broadway <hr/> City State Zip Code Centreville MD 21617 <hr/> Purpose of Disbursement Postage (Fundraising) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D228046 <b>Date of Disbursement</b> 10 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 162.12 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Callahan Farms <hr/> Mailing Address P.O. Box 223 <hr/> City State Zip Code Eastonw MD 21601 <hr/> Purpose of Disbursement Camp. Visibilit (Field) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D227992 <b>Date of Disbursement</b> 10 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Champion Realty <hr/> Mailing Address 411 Thompson Creek Road <hr/> City State Zip Code Stevensville MD 21666 <hr/> Purpose of Disbursement Office Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D228013 <b>Date of Disbursement</b> 10 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 700.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1862.12</b>
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Chesapeake Bay Beach Club</p> <p>Mailing Address 500 Marina Club Road</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Catering (Fundraising)</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D227994</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2638.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) chesapeake Publishing</p> <p>Mailing Address PO Box 600</p> <p>City Easton State MD Zip Code 21601</p> <p>Purpose of Disbursement Printing (Press)</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228027</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Communications International</p> <p>Mailing Address 815 Ritchie Highway</p> <p>City Severna Park State MD Zip Code 21146</p> <p>Purpose of Disbursement Office Phones</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228044</p> <p>Date of Disbursement 10 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 245.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2893.67

**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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Comptroller of Revenue <hr/> Mailing Address MD Employer WH Division <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228031 Date of Disbursement 10 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 1629.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Delmarva Power <hr/> Mailing Address PO Box 17006 <hr/> City Wilmington State DE Zip Code 19850-7006 <hr/> Purpose of Disbursement Office Exp. (Gen. Camp. Exp.) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228022 Date of Disbursement 10 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 301.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) EFTPS <hr/> Mailing Address PO Box 173788 <hr/> City Denver State CO Zip Code 80217-3788 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228047 Date of Disbursement 10 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 3438.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**5369.50**

**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 64 / 81

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fishing &amp; Hunting Journal</p> <p>Mailing Address PO box 399</p> <p>City Crumpton State MD Zip Code 21628</p> <p>Purpose of Disbursement Print Buys</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D227989</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 359.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Food Lion</p> <p>Mailing Address Thompson Creek Shopping Center</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Volunteer Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228023</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 46.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kevin Lawlor</p> <p>Mailing Address 5500 Friendship Blvd # 1928N</p> <p>City Chevy Chase State MD Zip Code 20815</p> <p>Purpose of Disbursement Consultant Exp. (Fundraising)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228038</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 767.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**1172.64**

**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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.

Full Name (Last, First, Middle Initial)  
Kevin Lawlor

Mailing Address 5500 Friendship Blvd # 1928N

City State Zip Code  
Chevy Chase MD 20815

Purpose of Disbursement  
Consultant Exp. (Fundraising)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D227995  
Date of Disbursement

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

Amount of Each Disbursement this Period

525.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Kevin Lawlor

Mailing Address 5500 Friendship Blvd # 1928N

City State Zip Code  
Chevy Chase MD 20815

Purpose of Disbursement  
Payroll Expenses

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D228006  
Date of Disbursement

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

Amount of Each Disbursement this Period

3008.60
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Kevin Lawlor

Mailing Address 5500 Friendship Blvd # 1928N

City State Zip Code  
Chevy Chase MD 20815

Purpose of Disbursement  
Consultant Exp. (Fundraising)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D228015  
Date of Disbursement

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

Amount of Each Disbursement this Period

555.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

4088.60
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**TOTAL** This Period (last page this line number only) ..... ►

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# 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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.

Full Name (Last, First, Middle Initial)  
Kimberly Kratovil

Mailing Address 222 Main Sail Dr

City State Zip Code  
Stevensville MD 21666

Purpose of Disbursement  
Assistant (Fundraising)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D228043  
Date of Disbursement

10 / 12 / 2008

Amount of Each Disbursement this Period

208.64

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Main Street Business Solutions, Inc.

Mailing Address 102 Chester Village

City State Zip Code  
Chester MD 21619

Purpose of Disbursement  
Payroll Expenses

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D228024  
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

67.94

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Martin-Lauer

Mailing Address The Tide Building at Tide Point 10

City State Zip Code  
Baltimore MD 21230

Purpose of Disbursement  
Consultant Fee (Fundraising)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D227999  
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

3500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

3776.58

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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.	Full Name (Last, First, Middle Initial) Md Democratic Party  Mailing Address 188 Main Street Suite 1  City Annapolis State MD Zip Code 21401  Purpose of Disbursement Printing (Field) Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228014 Date of Disbursement 10 / 03 / 2008  Amount of Each Disbursement this Period 3000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) MD Unemployment Fund  Mailing Address PO Box 17291  City Baltimore State MD Zip Code 21297  Purpose of Disbursement Payroll Expenses Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228032 Date of Disbursement 10 / 08 / 2008  Amount of Each Disbursement this Period 294.40  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mosaic  Mailing Address 4801 Viewpoint Place  City Cheverly State MD Zip Code 20781  Purpose of Disbursement Printing (Fundraising) Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228000 Date of Disbursement 10 / 01 / 2008  Amount of Each Disbursement this Period 1616.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4910.90
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peter D. Hart Research Associates Inc.</p> <p>Mailing Address 1724 Connecticut Avenue, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Tracking (Polling)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228005</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 17000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Peter D. Hart Research Associates Inc.</p> <p>Mailing Address 1724 Connecticut Avenue, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Tracking (Polling)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228035</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 12000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address Stevensville Post Office</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Postage (Direct Mail)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228033</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

29200.00

**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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) PR PRomotions</p> <p>Mailing Address PO Box 34407</p> <p>City Bethesda State MD Zip Code 20827</p> <p>Purpose of Disbursement Printing (Field)</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228037</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 80.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Radio Shack</p> <p>Mailing Address 375 Thompson Creek Mall</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Bank Rec Correction to amount of check</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228066</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 0.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard Markman</p> <p>Mailing Address 734 Thompson Creek Rd</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Office Exp. (Gen. Camp. Exp.)</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228002</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 59.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

139.75

**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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.	Full Name (Last, First, Middle Initial) Ross Typing & Printing Service  Mailing Address 101 Spring Avenue PO Box 505  City Chestertown State MD Zip Code 21620  Purpose of Disbursement Printing (Field) Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228021 Date of Disbursement 10 / 06 / 2008  Amount of Each Disbursement this Period 90.74  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Sage Payment Systems  Mailing Address 1750 Old Meadow Road #300  City McLean State VA Zip Code 22102  Purpose of Disbursement Bank Service Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228019 Date of Disbursement 10 / 05 / 2008  Amount of Each Disbursement this Period 55.28  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Sage Payment Systems  Mailing Address 1750 Old Meadow Road #300  City McLean State VA Zip Code 22102  Purpose of Disbursement Bank Service Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228020 Date of Disbursement 10 / 05 / 2008  Amount of Each Disbursement this Period 68.58  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

214.60

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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.	Full Name (Last, First, Middle Initial) Sage Payment Systems	Transaction ID: D228009 Date of Disbursement 10 / 02 / 2008
	Mailing Address 1750 Old Meadow Road #300	Amount of Each Disbursement this Period 71.46
	City McLean State VA Zip Code 22102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Service Charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sage Payment Systems	Transaction ID: D228010 Date of Disbursement 10 / 02 / 2008
	Mailing Address 1750 Old Meadow Road #300	Amount of Each Disbursement this Period 5.81
	City McLean State VA Zip Code 22102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Service Charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sage Payment Systems	Transaction ID: D228049 Date of Disbursement 10 / 15 / 2008
	Mailing Address 1750 Old Meadow Road #300	Amount of Each Disbursement this Period 57.18
	City McLean State VA Zip Code 22102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Service Charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>134.45</b>
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sage Payment Systems</p> <p>Mailing Address 1750 Old Meadow Road #300</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228050</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 73.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sage Payment Systems</p> <p>Mailing Address 1750 Old Meadow Road #300</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228041</p> <p>Date of Disbursement 10 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 57.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sage Payment Systems</p> <p>Mailing Address 1750 Old Meadow Road #300</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228042</p> <p>Date of Disbursement 10 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 66.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

197.51

**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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sage Payment Systems</p> <p>Mailing Address 1750 Old Meadow Road #300</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228045 <b>Date of Disbursement</b> 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 63.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sage Payment Systems</p> <p>Mailing Address 1750 Old Meadow Road #300</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228028 <b>Date of Disbursement</b> 10 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 116.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sage Payment Systems</p> <p>Mailing Address 1750 Old Meadow Road #300</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228029 <b>Date of Disbursement</b> 10 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 4.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

184.52

**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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.	Full Name (Last, First, Middle Initial) Squier Knapp Dunn Communications <hr/> Mailing Address 511 2nd Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement TV-Cable Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228040 Date of Disbursement 10 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 159101.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Squier Knapp Dunn Communications <hr/> Mailing Address 511 2nd Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement TV-Cable Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228016 Date of Disbursement 10 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 16510.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Squier Knapp Dunn Communications <hr/> Mailing Address 511 2nd Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement TV-Cable Buy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D228017 Date of Disbursement 10 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 128500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

304111.34

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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Squier Knapp Dunn Communications</p> <p>Mailing Address 511 2nd Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement TV-Cable Buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228003</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="96016.76"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 8168 Elliott Rd</p> <p>City Easton State MD Zip Code 21601</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228008</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="293.61"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 8168 Elliott Rd</p> <p>City Easton State MD Zip Code 21601</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228048</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="569.69"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 8168 Elliott Rd</p> <p>City Easton State MD Zip Code 21601</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228025</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1358.44"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sutters Mill</p> <p>Mailing Address 499 S. Capitol St, SW Ste 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Consultant Exp. (Fundraising)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D228039</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="109.63"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sutters Mill</p> <p>Mailing Address 499 S. Capitol St, SW Ste 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Consultant Fee (Fundraising)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D227998</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4468.07"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.	Full Name (Last, First, Middle Initial) Timothy J. McCann	Transaction ID: D228007 Date of Disbursement 10 / 01 / 2008
	Mailing Address 1718 21st Street NW	Amount of Each Disbursement this Period 4430.81
	City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expenses Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) verizon Wireless	Transaction ID: D228018 Date of Disbursement 10 / 03 / 2008
	Mailing Address PO Box 17120	Amount of Each Disbursement this Period 149.76
	City Tucson State AZ Zip Code 85731-7120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mobile Phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D228004 Date of Disbursement 10 / 01 / 2008
	Mailing Address PO Box 660720	Amount of Each Disbursement this Period 263.40
	City Dallas State TX Zip Code 75266-0720	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Phones Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4843.97</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>470639.92</b>

# 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)

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

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NAME OF COMMITTEE (In Full)  
Frank Kratovil for Congress

A.

Full Name (Last, First, Middle Initial)  
Mr. Edward Ellis

Mailing Address 7167 Worcester Highway

City Newark State MD Zip Code 21841

Purpose of Disbursement  
refund overlimit

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D227742  
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

see ocean petroleum LLC

B.

Full Name (Last, First, Middle Initial)  
Ocean Petroleum LLC

Mailing Address PO Box 129

City Newark State MD Zip Code 21841

Purpose of Disbursement  
overpayment refunded

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D227741  
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

200.00

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

200.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 80 / 81
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Frank Kratovil for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor An Untangled Web			Nature of Debt (Purpose): web/email issues corrected
Mailing Address Box 45			
City Chestertown	State MD	ZIP Code 21620	

Outstanding Balance Beginning This Period		<b>Transaction ID: D233453</b>	
393.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	393.75	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	393.75
2) <b>TOTALS</b> This Period (last page this line number only).....	393.75
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	393.75



Image# 29931954003

Form/Schedule: **F3A**

Amended report for missing employer and occupation data.

Transaction ID:

\*\*\*\*\*