

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

ADDRESS (number and street) PO BOX 1631
 Check if different than previously reported. (ACC) BALTIMORE MD 21203

2. **FEC IDENTIFICATION NUMBER** C C00310318 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MD 07

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2015 through 09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald Thompson

Signature of Treasurer Ronald Thompson *[Electronically Filed]* Date M M / D D / Y Y Y Y
09 / 30 / 2016

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 135474.00 | 374664.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 5000.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 135474.00 | 369664.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 57555.93 | 212594.87 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 5000.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 57555.93 | 207594.87 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 980915.73 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

| 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)..... | 64800.00 | 192100.00 |
| (ii) Unitemized..... | 674.00 | 7364.00 |
| (iii) TOTAL of contributions from individuals ▶ | 65474.00 | 199464.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 70000.00 | 175200.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 135474.00 | 374664.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | | |
| | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | | |
| | 0.00 | 5000.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | | |
| | 518.72 | 635.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | | |
| | 135992.72 | 380299.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 57555.93 | 212594.87 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 5000.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 5000.00 |
| 21. OTHER DISBURSEMENTS | 15770.00 | 85775.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 73325.93 | 303369.87 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 918248.94 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 135992.72 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1054241.66 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 73325.93 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 980915.73 |

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

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

FOR LINE NUMBER: PAGE 5 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 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)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
Madeleine Airson

Mailing Address 9999 Collins Ave, Apt 15 G

City Bal Harbour State FL Zip Code 33154

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.17055

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dionne Austin-Chouet

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Edison Chouet Offshore Occupation General Counsel

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2700.00

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

Transaction ID : SA11AI.17030

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dionne Austin-Chouet

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Edison Chouet Offshore Occupation General Counsel

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5400.00

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

Transaction ID : SA11AI.17031

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

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

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

_____ 8100.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

A. Full Name (Last, First, Middle Initial)
Bruce Babij

Mailing Address 315 Tunbridge Rd

City State Zip Code
Baltimore MD 21212

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

Name of Employer Occupation
Dugan, Jarubowski, Babij & Spector Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11AI.17141

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Kenneth Banks

Mailing Address 903 Windsor

City State Zip Code
Baltimore MD 21208

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

Name of Employer Occupation
Banks Contracting, Inc Construction

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.17177

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 301 Northfield PI

City State Zip Code
Baltimore MD 21210

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

Name of Employer Occupation
Housewife Housewife

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.17134

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2500.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

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

Mailing Address 6025 Hollins

City Baltimore State MD Zip Code 21210

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

Name of Employer The Bozzuto Group Occupation Associate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.17140

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Keith Campbell

Mailing Address 2850 Quarry Lake Dr

City Baltimore State MD Zip Code 21209

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

Name of Employer Campbell & Co Occupation Investment Management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.17179

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 701 Cathedral St

City Baltimore State MD Zip Code 21201

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

Name of Employer The Time Group Occupation Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2015

Transaction ID : SA11AI.17119

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

4500.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

A. Bradley Chambers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1512 Applecroft LN
 City State Zip Code
 Cockeysville MD 21030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Union Memorial Hospital SVP
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.17133
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Carolyn Chouet
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 310
 City State Zip Code
 Gallano LA 70354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Housewife Housewife
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11AI.17034
 Amount of Each Receipt this Period
 2700.00
 Memo Item

C. Carolyn Chouet
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 310
 City State Zip Code
 Gallano LA 70354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Housewife Housewife
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2015
Transaction ID : SA11AI.17035
 Amount of Each Receipt this Period
 2700.00
 Memo Item

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

5900.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

A. Full Name (Last, First, Middle Initial)
Casey Chouest

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Edison Chouest Offshore Occupation Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

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

Transaction ID : SA11AI.17039

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Casey Chouest

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Edison Chouest Offshore Occupation Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

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

Transaction ID : SA11AI.17040

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Edison Chouest Offshore Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

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

Transaction ID : SA11AI.17037

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 10 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
Gary Chouest

Mailing Address P. O. Box 310

City Gallano State LA Zip Code 70354

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

Name of Employer Edison Chouest Offshore Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

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

Transaction ID : SA11AI.17038

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ross Chouest

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Edison Chouest Offshore Occupation VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

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

Transaction ID : SA11AI.17032

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address P. O. Box 310

City Galliano State LA Zip Code 70354

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

Name of Employer Edison Chouest Offshore Occupation VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

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

Transaction ID : SA11AI.17033

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 11 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
Keith Cole

Mailing Address 1489 Bridgewater Way

City Annapolis State MD Zip Code 21401

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

Name of Employer W R Grace Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.17124

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Elaine Freeman

Mailing Address 1026 Rolandvue Rd

City Ruxton State MD Zip Code 21204

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

Name of Employer John Hopkins University Occupation Public Affairs

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.17176

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 36 S. CHARLES

City BALTIMORE State MD Zip Code 21201

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

Name of Employer FEDDER & GARTEN Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11AI.17181

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

A. Full Name (Last, First, Middle Initial)
James Grant

Mailing Address 10606 Stray Camel Way

City Columbia State MD Zip Code 21044

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

Name of Employer Grant Capital Mgmt Occupation Finance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

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

Transaction ID : SA11AI.17126

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Judy Grant

Mailing Address 10606 Stray Camel Way

City Columbia State MD Zip Code 21045

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

Name of Employer Grant Capital Management Occupation Finance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

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

Transaction ID : SA11AI.17130

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 8366 Governor Grayson Way

City Ellicott City State MD Zip Code 21043

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

Name of Employer Abrams & Foster Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2015

Transaction ID : SA11AI.17018

Amount of Each Receipt this Period
500.00

Memo Item

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

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

5900.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

A. Full Name (Last, First, Middle Initial)
Joseph Haskins Jr.

Mailing Address 100 Harbor View Rd

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee.

Name of Employer Harbor Bank Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.17175

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Sam Hutchinson

Mailing Address 14504 Jones Bridge Rd

City Bowie State MD Zip Code 20721

FEC ID number of contributing federal political committee.

Name of Employer Howard University Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.17174

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 2307 Hidden Glen Dr

City Owings Mills State MD Zip Code 21117

FEC ID number of contributing federal political committee.

Name of Employer Metropolitan Enterprises Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.17196

Amount of Each Receipt this Period

Memo Item

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

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 14 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

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

Mailing Address 10100 Business Pkwy

City Lanham State MD Zip Code 20706

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

Name of Employer NAI Michael Companies Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2015

Transaction ID : SA11AI.17022

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Laurence Morse

Mailing Address 160 Guinea Rd

City Stamford State CT Zip Code 06903

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

Name of Employer Fairview Capitol Occupation Investment Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.17028

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 125 W. Lee Street

City Baltimore State MD Zip Code 21201

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

Name of Employer Green & Healthy Initiative Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.17169

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 15 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
Donahue Peebles

Mailing Address 48 West 85th Street

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
Self Real Estate Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

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

Transaction ID : SA11AI.17168

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Katrina Peebles

Mailing Address 48 West 85th Street

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
The Peebles Corporation Creative Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

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

Transaction ID : SA11AI.17165

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address PO Box 907

City State Zip Code
Brooklandville MD 21022

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

Name of Employer Occupation
House wife House wife

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11AI.17191

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

7900.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

A. Full Name (Last, First, Middle Initial)
Kevin Plank

Mailing Address **PO Box 907**

City **Brooklandville** State **MD** Zip Code **21022**

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

Name of Employer **Under Armor** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

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

Transaction ID : SA11AI.17195

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Joshua Rales

Mailing Address **9212 River Rd**

City **Potomac** State **MD** Zip Code **20854**

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

Name of Employer **RFL Assoc** Occupation **Investments**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
07 / 18 / 2015

Transaction ID : SA11AI.17016

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address **2401 Liberty Heights Ave.**

City **Baltimore** State **MD** Zip Code **20772**

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

Name of Employer **A & R Development** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

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

Transaction ID : SA11AI.17171

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

5450.00

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

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

FOR LINE NUMBER: PAGE 17 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
Henry Rosenberg

Mailing Address 1 N. Chales St., 22nd flr

City Baltimore State MD Zip Code 21201

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

Name of Employer Rosemore, Inc. Occupation Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11A1.17182

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Barbara Shapiro

Mailing Address 1008 St Georges Rd

City Baltimore State MD Zip Code 21210

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11A1.17131

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 26 Allegheny Ave, Ste 1208

City Towson State MD Zip Code 21204

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

Name of Employer Self Employed Occupation Psychologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2015

Transaction ID : SA11A1.17019

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

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

Mailing Address 26 Allegheny Ave, Ste 1208

City Towson State MD Zip Code 21204

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

Name of Employer Self Employed Occupation Psychologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : SA11AI.17061

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. Steven Sobelman

Mailing Address 26 Allegheny Ave, Ste 1208

City Towson State MD Zip Code 21204

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

Name of Employer Self Employed Occupation Psychologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11AI.17138

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 19 Steeplejack CT

City Owings Mills State MD Zip Code 21117

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

Name of Employer Requested Occupation Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.17190

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

600.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 62 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

A. Full Name (Last, First, Middle Initial)
Richard Talkin

Mailing Address 404 South Road

City Baltimore State MD Zip Code 21208

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

Name of Employer Talkin & Oh, LLP Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.17172

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ernst Valery

Mailing Address 1707 N. Charles Street

City Baltimore State MD Zip Code 21201

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

Name of Employer EVI Corp Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.17136

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1104 Sanford Ln

City Accokeek State MD Zip Code 20607

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

Name of Employer Bob Weiner & Assoc Occupation Reporter

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.17041

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1250.00

64800.00

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

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

FOR LINE NUMBER: PAGE 20 OF 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
AMAZON CORPORATE LLC SEPARATED SEGREGATED FUND

Mailing Address 126 C STREET, NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00360354

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11C.17185

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 West Dixie Highway

City State Zip Code
Dania Beach FL 33004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.17048

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 West Dixie Highway

City State Zip Code
Dania Beach FL 33004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

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

Transaction ID : SA11C.17189

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 21 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION

Mailing Address 1300 L STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.17207

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
APL LIMITED PAC

Mailing Address 16220 N. SCOTTSDALE RD.
SUITE 300

City SCOTTSDALE State AZ Zip Code 85254

FEC ID number of contributing federal political committee. **C** C00137828

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2015

Transaction ID : SA11C.17120

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BOEING COMPANY POLITICAL ACTION COMMITTEE, THE

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11C.17057

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

5000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 62 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

A. Full Name (Last, First, Middle Initial)
CLEAR CHANNEL COMMUNICATIONS INC. PAC

Mailing Address 200 E. BASSE ROAD

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.17049

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)

Mailing Address 100 INDIANA AVE., N. W.

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : SA11C.17063

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA

Mailing Address 805 15TH STREET NW SUITE 300

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11C.17187

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

6000.00

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

| | | | |
|---|-------------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 23 OF 62 |
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |

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

A. Full Name (Last, First, Middle Initial)
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 THIRD STREET NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.17052

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
FEDERAL MANAGERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1641 PRINCE STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.17027

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 115 SOUTH LOPEZ DRAWER 1208

City State Zip Code
CLEWISTON FL 33440

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.17046

Amount of Each Receipt this Period

Memo Item

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

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 24 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
HUMAN RIGHTS CAMPAIGN FUND POLITICAL ACTION COMMITTEE

Mailing Address 919 18TH NW STE 800

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : SA11C.17064

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Mailing Address 1750 NEW YORK NW

City State Zip Code
WASHINGTON DC 20006

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : SA11C.17065

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 1125 15TH ST N.W.

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

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

Transaction ID : SA11C.17121

Amount of Each Receipt this Period
5000.00

Memo Item

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

8500.00

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 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

Full Name (Last, First, Middle Initial)
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION ILA-COPE

A. Mailing Address 17 BATTERY PLACE

City State Zip Code
NEW YORK NY 10004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11C.17205

Amount of Each Receipt this Period
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
JONES WALKER WAECHTER POITEVENT CARRERE & DENEGRE POLITICAL ACTION COMMITTEE

B. Mailing Address 201 St. Charles Avenue
49th Floor

City State Zip Code
New Orleans LA 70170

FEC ID number of contributing federal political committee. **C** C00111534

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.17206

Amount of Each Receipt this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE

C. Mailing Address 1725 JEFFERSON DAVIS HIGHWAY
CRYSTAL SQUARE TWO SUITE 300

City State Zip Code
ARLINGTON VA 22202

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : SA11C.17062

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 26 OF 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
MCGRAW HILL FINANCIAL INC. POLITICAL ACTION COMMITTEE; THE

Mailing Address 1221 AVENUE OF THE AMERICAS

City State Zip Code
NEW YORK NY 10020

FEC ID number of contributing federal political committee. **C** C00494682

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 11 / 2015

Transaction ID : SA11C.17012

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MEBA POLITICAL FUND (MEBA-PAF) DISTRICT NO. 1-PCD

Mailing Address 444 North Capitol Street
Suite 8000

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00279380

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11C.17208

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MICHIGAN SUGAR COMPANY GROWERS POLITICAL ACTION COMMITTEE

Mailing Address 2600 SOUTH EUCLID AVENUE

City State Zip Code
BAY CITY MI 48706

FEC ID number of contributing federal political committee. **C** C00384354

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : SA11C.17066

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

5500.00

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

| | | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 62 | | | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |

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

A. Full Name (Last, First, Middle Initial)
MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)

Mailing Address 7525 RED RIVER ROAD

City WAHPETON State ND Zip Code 58075

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2015

Transaction ID : SA11C.17026

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PAC)

Mailing Address 606 NORTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015

Transaction ID : SA11C.17070

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street Suite 600

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

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

Transaction ID : SA11C.17209

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 28 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 DUKE STREET 4TH FLOOR

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11C.17183

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1320 MAIN STREET, 17TH FLOOR

City State Zip Code
COLUMBIA SC 29201

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11C.17051

Amount of Each Receipt this Period

Memo Item

C. 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.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11C.17204

Amount of Each Receipt this Period

Memo Item

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

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 OF 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC

Mailing Address 1150 17th Street NW
Suite 702

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2015

Transaction ID : SA11C.17025

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD DIST (SPAD)

Mailing Address 5201 AUTH WAY

City CAMP SPRINGS State MD Zip Code 20746

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11C.17143

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SNAKE RIVER SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1951 SOUTH SATURN WAY
SUITE 100

City BOISE State ID Zip Code 83709

FEC ID number of contributing federal political committee. **C** C00326389

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2015

Transaction ID : SA11C.17010

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 30 OF 62
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500
 City RENVILLE State MN Zip Code 56284

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015

Transaction ID : SA11C.17071

Amount of Each Receipt this Period
 1000.00
 Memo Item

Full Name (Last, First, Middle Initial)
SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)

Mailing Address PO BOX 666
 City BELLE GLADE State FL Zip Code 33430

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

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

Transaction ID : SA11C.17142

Amount of Each Receipt this Period
 1000.00
 Memo Item

Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 80 WEST END AVENUE
 City NEW YORK State NY Zip Code 10023

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11C.17122

Amount of Each Receipt this Period
 2000.00
 Memo Item

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: (check only one) | PAGE 31 OF 62 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

A. Full Name (Last, First, Middle Initial)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address **8000 EAST JEFFERSON**

City State Zip Code
DETROIT MI 48214

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

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

Transaction ID : SA11C.17047

Amount of Each Receipt this Period
5000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC)

Mailing Address **Sixth and Marquette
MAC N9305-084**

City State Zip Code
Minneapolis MN 55479

FEC ID number of contributing federal political committee. **C C00034595**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11C.17188

Amount of Each Receipt this Period
1000.00
 Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Amount of Each Receipt this Period
 Memo Item

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 6000.00 |
| TOTAL This Period (last page this line number only)..... | 70000.00 |

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

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

FOR LINE NUMBER: PAGE 32 OF 62
(check only one)
 11a 11b 11c 11d 15
 12 13a 13b 14

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

A. Full Name (Last, First, Middle Initial)
Susquehanna Bank

Mailing Address 9900 Liberty Rd

City State Zip Code
Randallstown MD 21133

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA15.16989

Amount of Each Receipt this Period

Memo Item Interest

B. Full Name (Last, First, Middle Initial)
Susquehanna Bank

Mailing Address 9900 Liberty Rd

City State Zip Code
Randallstown MD 21133

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA15.16990

Amount of Each Receipt this Period

Memo Item Interest

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item Interest

SUBTOTAL of Receipts 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) | PAGE 33 OF 62 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. ACTBLUE | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2015 | |
| Mailing Address P.O. Box 382110 | | | Amount of Each Disbursement this Period 0.99 | |
| City Cambridge | State MA | Zip Code 02238 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Service Fee | | Category/ Type | | |
| Candidate Name | | Transaction ID : SB17.16994 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. ACTBLUE | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2015 | |
| Mailing Address P.O. Box 382110 | | | Amount of Each Disbursement this Period 9.10 | |
| City Cambridge | State MA | Zip Code 02238 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Service Fee | | Category/ Type | | |
| Candidate Name | | Transaction ID : SB17.17009 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. ACTBLUE | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2015 | |
| Mailing Address P.O. Box 382110 | | | Amount of Each Disbursement this Period 9.88 | |
| City Cambridge | State MA | Zip Code 02238 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Service Fee | | Category/ Type | | |
| Candidate Name | | Transaction ID : SB17.17020 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 19.97 |
| 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 34 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ACTBLUE | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2015 |
| Mailing Address P.O. Box 382110 | | Amount of Each Disbursement this Period 2.58 |
| City Cambridge | State MA | |
| Zip Code 02238 | Purpose of Disbursement Service Fee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.17054 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ACTBLUE | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015 |
| Mailing Address P.O. Box 382110 | | Amount of Each Disbursement this Period 13.83 |
| City Cambridge | State MA | |
| Zip Code 02238 | Purpose of Disbursement Service Fee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.17058 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ACTBLUE | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2015 |
| Mailing Address P.O. Box 382110 | | Amount of Each Disbursement this Period 0.60 |
| City Cambridge | State MA | |
| Zip Code 02238 | Purpose of Disbursement Service Fee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.17116 |
| State: District: | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 17.01 |
| 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 35 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ACTBLUE | | Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015 |
| Mailing Address P.O. Box 382110 | | Amount of Each Disbursement this Period 2015 19.75 |
| City Cambridge | State MA | |
| Zip Code 02238 | Purpose of Disbursement Service Fee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17123 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ACTBLUE | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2015 |
| Mailing Address P.O. Box 382110 | | Amount of Each Disbursement this Period 2015 29.63 |
| City Cambridge | State MA | |
| Zip Code 02238 | Purpose of Disbursement Service Fee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17139 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ACTBLUE | | Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015 |
| Mailing Address P.O. Box 382110 | | Amount of Each Disbursement this Period 2015 213.30 |
| City Cambridge | State MA | |
| Zip Code 02238 | Purpose of Disbursement Service Fee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17184 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 262.68 |
| 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 36 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Airlines | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015 |
| Mailing Address P.O. Box 619616 | | Amount of Each Disbursement this Period 1052.26 |
| City Fort Worth | State TX | |
| Zip Code 75261-9616 | Purpose of Disbursement Travel | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16967 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Christian Tires | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015 |
| Mailing Address 5901 Pulaski Hwy | | Amount of Each Disbursement this Period 316.41 |
| City Baltimore | State MD | |
| Zip Code 21205 | Purpose of Disbursement Auto servicee | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16962 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Michael Christinanson | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015 |
| Mailing Address 189 Edgewater Road, RR 14 | | Amount of Each Disbursement this Period 250.00 |
| City Pasadena | State MD | |
| Zip Code 21122 | Purpose of Disbursement Campaign Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16951 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1618.67 |
| 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) | | PAGE 37 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Michael Christinanson | | Date of Disbursement MM / DD / YYYY 08 / 06 / 2015 |
| Mailing Address 189 Edgewater Road, RR 14 | | Amount of Each Disbursement this Period 250.00 |
| City Pasadena | State MD | |
| Zip Code 21122 | Purpose of Disbursement Campaign Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16985 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Michael Christinanson | | Date of Disbursement MM / DD / YYYY 09 / 08 / 2015 |
| Mailing Address 189 Edgewater Road, RR 14 | | Amount of Each Disbursement this Period 250.00 |
| City Pasadena | State MD | |
| Zip Code 21122 | Purpose of Disbursement Campaign Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17147 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. City Cafe | | Date of Disbursement MM / DD / YYYY 07 / 15 / 2015 |
| Mailing Address 1001 Catherdale Street | | Amount of Each Disbursement this Period 1282.30 |
| City Baltimore | State MD | |
| Zip Code 21201 | Purpose of Disbursement Catering | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16963 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1782.30 |
| 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) | | PAGE 38 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Comcast | | Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015 |
| Mailing Address PO Box 3005 | | Amount of Each Disbursement this Period 75.22 |
| City Southeastern | State PA | |
| Zip Code 19398 | Purpose of Disbursement Internet | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16980 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Denise DeLeaver | | Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015 |
| Mailing Address 3523 Lynchester Rd | | Amount of Each Disbursement this Period 550.00 |
| City Baltimore | State MD | |
| Zip Code 21215 | Purpose of Disbursement Campaign Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16984 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Exxon Mobile | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015 |
| Mailing Address 1800 RUSSELL ST | | Amount of Each Disbursement this Period 41.62 |
| City Baltimore | State MD | |
| Zip Code 21230 | Purpose of Disbursement Fuel | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16965 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 666.84 |
| 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 39 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. Exxon Mobile | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015 |
| Mailing Address 1800 RUSSELL ST | | Amount of Each Disbursement this Period 50.00 |
| City Baltimore | State MD Zip Code 21230 | |
| Purpose of Disbursement Fuel | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17086 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. Joyce Farrington | | Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015 |
| Mailing Address 5903 Bland Avenue | | Amount of Each Disbursement this Period 2000.00 |
| City Baltimore | State MD Zip Code 21215 | |
| Purpose of Disbursement Campaign Services | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17072 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ford Credit | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015 |
| Mailing Address Box 220564 | | Amount of Each Disbursement this Period 649.81 |
| City Pittsburg | State PA Zip Code 15257 | |
| Purpose of Disbursement Auto Payment | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.16955 |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2699.81 |
| 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 40 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ford Credit | | Date of Disbursement MM / DD / YYYY 08 / 05 / 2015 |
| Mailing Address Box 220564 | | Amount of Each Disbursement this Period 649.81 |
| City Pittsburg | State PA | |
| Zip Code 15257 | Purpose of Disbursement Auto Payment | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16986 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ford Credit | | Date of Disbursement MM / DD / YYYY 09 / 08 / 2015 |
| Mailing Address Box 220564 | | Amount of Each Disbursement this Period 649.81 |
| City Pittsburg | State PA | |
| Zip Code 15257 | Purpose of Disbursement Auto Payment | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17149 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Main Street Communication | | Date of Disbursement MM / DD / YYYY 09 / 01 / 2015 |
| Mailing Address 221 Third Street | | Amount of Each Disbursement this Period 2500.00 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Media Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17144 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3799.62 |
| 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 41 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mayor & City Council of Baltimore | | Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015 |
| Mailing Address 2223 Wheatley Drive | | Amount of Each Disbursement this Period 832.99 |
| City Baltimore | State MD | |
| Zip Code 21207 | Purpose of Disbursement Rent | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16979 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mayor & City Council of Baltimore | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015 |
| Mailing Address 2223 Wheatley Drive | | Amount of Each Disbursement this Period 832.99 |
| City Baltimore | State MD | |
| Zip Code 21207 | Purpose of Disbursement Rent | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17077 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Mayor & City Council of Baltimore | | Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015 |
| Mailing Address 2223 Wheatley Drive | | Amount of Each Disbursement this Period 832.99 |
| City Baltimore | State MD | |
| Zip Code 21207 | Purpose of Disbursement Rent | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17148 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2498.99 |
| 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 42 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. National Democratic Club | | Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015 |
| Mailing Address 30 Ivy Street, SE | | Amount of Each Disbursement this Period 1531.00 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Catering | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17083 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Neo Technologies | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015 |
| Mailing Address 2901 Druid Park Dr Suite C-101 | | Amount of Each Disbursement this Period 1034.91 |
| City Baltimore | State MD | |
| Zip Code 21215 | Purpose of Disbursement Supplies | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17094 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. New York Times | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015 |
| Mailing Address 229 West 43rd Street | | Amount of Each Disbursement this Period 55.00 |
| City New York | State NY | |
| Zip Code 10036 | Purpose of Disbursement Publications | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16960 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2620.91 |
| 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 43 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. New York Times | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015 | |
| Mailing Address 229 West 43rd Street | | | Amount of Each Disbursement this Period 55.00 | |
| City New York | State NY | Zip Code 10036 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Publications | | Category/ Type | | |
| Candidate Name | | Transaction ID : SB17.17093 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. North Ave BP | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015 | |
| Mailing Address 1101 W North Ave | | | Amount of Each Disbursement this Period 50.87 | |
| City Baltimore | State MD | Zip Code 21217 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Fuel | | Category/ Type | | |
| Candidate Name | | Transaction ID : SB17.17087 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. PayChex Payroll | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015 | |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | | Amount of Each Disbursement this Period 342.29 | |
| City Owings Mills | State MD | Zip Code 21117 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | | |
| Candidate Name | | Transaction ID : SB17.17103 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 448.16 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 44 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 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)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 96.95 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Payroll Services | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17106 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 734.21 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Salaries | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17109 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 734.21 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Salaries | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17101 |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1565.37 |
| 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 45 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 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)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 342.29 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Payroll Taxes | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17104 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 1690.84 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Salaries | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17102 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 1000.41 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Payroll Taxes | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17105 |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3033.54 |
| 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 46 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 249.19 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Payroll Services | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17107 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 342.29 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Payroll Taxes | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17110 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 734.21 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Salaries | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17114 |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1325.69 |
| 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 47 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 342.29 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Payroll Taxes | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17199 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 96.95 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Payroll Services | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17203 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. PayChex Payroll | | Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015 |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | Amount of Each Disbursement this Period 734.21 |
| City Owings Mills | State MD Zip Code 21117 | |
| Purpose of Disbursement Salaries | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17201 |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1173.45 |
| 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 48 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | | | |
|--|----------|----------------|--|--|
| Full Name (Last, First, Middle Initial) A. PayChex Payroll | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015 | |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | | Amount of Each Disbursement this Period 342.29 | |
| City Owings Mills | State MD | Zip Code 21117 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Payroll Taxes | | Candidate Name | Transaction ID : SB17.17200 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | Category/Type | | |

| | | | | |
|--|----------|----------------|--|--|
| Full Name (Last, First, Middle Initial) B. PayChex Payroll | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 | |
| Mailing Address 700 Red Brook Blvd, Suite 200 | | | Amount of Each Disbursement this Period 734.21 | |
| City Owings Mills | State MD | Zip Code 21117 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Salaries | | Candidate Name | Transaction ID : SB17.17202 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | Category/Type | | |

| | | | | |
|--|----------|----------------|--|--|
| Full Name (Last, First, Middle Initial) C. Route 40 BP | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015 | |
| Mailing Address 5612 Baltimore National Pike | | | Amount of Each Disbursement this Period 53.57 | |
| City Catonsville | State MD | Zip Code 21228 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement Fuel | | Candidate Name | Transaction ID : SB17.16959 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | Category/Type | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1130.07 |
| 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 49 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Route 40 BP | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015 |
| Mailing Address 5612 Baltimore National Pike | | Amount of Each Disbursement this Period 83.26 |
| City Catonsville | State MD | |
| Zip Code 21228 | Purpose of Disbursement Fuel | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17088 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Royal Farms | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015 |
| Mailing Address 1530 Russell Street | | Amount of Each Disbursement this Period 64.84 |
| City Baltimore | State MD | |
| Zip Code 21202 | Purpose of Disbursement Fuel | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16958 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Royal Farms | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015 |
| Mailing Address 1530 Russell Street | | Amount of Each Disbursement this Period 231.84 |
| City Baltimore | State MD | |
| Zip Code 21202 | Purpose of Disbursement Fuel | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17089 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 379.94 |
| 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 50 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 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)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Russell Street BP | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015 |
| Mailing Address 2000 Haines Street | | Amount of Each Disbursement this Period 207.28 |
| City Baltimore | State MD | |
| Zip Code 21230 | Purpose of Disbursement Fuel | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16957 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Vernon Simms | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015 |
| Mailing Address 2402 Lawnwood Circle | | Amount of Each Disbursement this Period 250.00 |
| City Baltimore | State MD | |
| Zip Code 21207 | Purpose of Disbursement Campaign Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16949 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Vernon Simms | | Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015 |
| Mailing Address 2402 Lawnwood Circle | | Amount of Each Disbursement this Period 250.00 |
| City Baltimore | State MD | |
| Zip Code 21207 | Purpose of Disbursement Campaign Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16987 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 707.28 |
| 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 51 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Vernon Simms | | Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015 |
| Mailing Address 2402 Lawnwood Circle | | Amount of Each Disbursement this Period 250.00 |
| City Baltimore | State MD | |
| Zip Code 21207 | Purpose of Disbursement Campaign Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17146 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Harry Spikes | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015 |
| Mailing Address 12 Jonquil Ave | | Amount of Each Disbursement this Period 100.00 |
| City Landover | State MD | |
| Zip Code 20785 | Purpose of Disbursement Campaign Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16950 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Staples Office Supplies | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015 |
| Mailing Address 1504 Reisterstown Rd | | Amount of Each Disbursement this Period 94.65 |
| City Pikesville | State MD | |
| Zip Code 21208 | Purpose of Disbursement Supplies | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16956 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 444.65 |
| 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 52 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 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)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. Staples Office Supplies | | Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015 |
| Mailing Address 1504 Reisterstown Rd | | Amount of Each Disbursement this Period 280.88 |
| City Pikesville | State MD Zip Code 21208 | |
| Purpose of Disbursement Supplies | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17076 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. Staples Office Supplies | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015 |
| Mailing Address 1504 Reisterstown Rd | | Amount of Each Disbursement this Period 549.36 |
| City Pikesville | State MD Zip Code 21208 | |
| Purpose of Disbursement Supplies | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.17095 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. Amy Stratton | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015 |
| Mailing Address 7620 Woodpark Lane, #204 | | Amount of Each Disbursement this Period 1000.00 |
| City Columbia | State MD Zip Code 21046 | |
| Purpose of Disbursement Campaign Services | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.16948 |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1830.24 |
| 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 53 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) A. The Framing Place | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015 | |
| Mailing Address 1350 Smith Ave | | | Amount of Each Disbursement this Period 246.08 | |
| City Baltimore | State MD | Zip Code 21209 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Framing | | Candidate Name | Transaction ID : SB17.17111 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | | |

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) B. The Mellman Group | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015 | |
| Mailing Address 1023 31st Street, NW, 5th Floor | | | Amount of Each Disbursement this Period 22300.00 | |
| City Washington | State DC | Zip Code 20007 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Survey | | Candidate Name | Transaction ID : SB17.16973 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | | |

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) c. The Monocle | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015 | |
| Mailing Address 107 D Street, NE | | | Amount of Each Disbursement this Period 584.80 | |
| City Washington | State DC | Zip Code 20002 | <input type="checkbox"/> Memo Item | |
| Purpose of Disbursement Catering | | Candidate Name | Transaction ID : SB17.17085 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 23130.88 |
| 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 54 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ronald Thompson | | Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015 |
| Mailing Address P. O. Box 1631 | | Amount of Each Disbursement this Period 49.00 |
| City Baltimore | State MD | |
| Zip Code 21203 | Purpose of Disbursement Postage | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.16952 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ronald Thompson | | Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015 |
| Mailing Address P. O. Box 1631 | | Amount of Each Disbursement this Period 94.99 |
| City Baltimore | State MD | |
| Zip Code 21203 | Purpose of Disbursement Software | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.16974 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ronald Thompson | | Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015 |
| Mailing Address P. O. Box 1631 | | Amount of Each Disbursement this Period 1050.00 |
| City Baltimore | State MD | |
| Zip Code 21203 | Purpose of Disbursement Treasury Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.16978 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1193.99 |
| 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 55 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ronald Thompson | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015 |
| Mailing Address P. O. Box 1631 | | Amount of Each Disbursement this Period 1050.00 |
| City Baltimore | State MD | |
| Zip Code 21203 | Purpose of Disbursement Treasury Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.17079 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ronald Thompson | | Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015 |
| Mailing Address P. O. Box 1631 | | Amount of Each Disbursement this Period 1050.00 |
| City Baltimore | State MD | |
| Zip Code 21203 | Purpose of Disbursement Treasury Services | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.17159 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ronald Thompson | | Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015 |
| Mailing Address P. O. Box 1631 | | Amount of Each Disbursement this Period 49.00 |
| City Baltimore | State MD | |
| Zip Code 21203 | Purpose of Disbursement Postage | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.17162 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2149.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 56 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon | | Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015 |
| Mailing Address P O Box 17577 | | Amount of Each Disbursement this Period 326.09 |
| City Baltimore | State MD | |
| Zip Code 21297 | Purpose of Disbursement Utilities | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.16976 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon | | Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015 |
| Mailing Address P O Box 17577 | | Amount of Each Disbursement this Period 332.51 |
| City Baltimore | State MD | |
| Zip Code 21297 | Purpose of Disbursement Utilities | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17073 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Verizon | | Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015 |
| Mailing Address P O Box 17577 | | Amount of Each Disbursement this Period 332.50 |
| City Baltimore | State MD | |
| Zip Code 21297 | Purpose of Disbursement Utilities | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17145 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 991.10 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 57 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 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)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015 |
| Mailing Address P. O. Box 17464 | | Amount of Each Disbursement this Period 505.16 <input type="checkbox"/> Memo Item |
| City Baltimore | State MD | |
| Zip Code 21297 | Purpose of Disbursement Utilities | Transaction ID : SB17.16975 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015 |
| Mailing Address P. O. Box 17464 | | Amount of Each Disbursement this Period 485.52 <input type="checkbox"/> Memo Item |
| City Baltimore | State MD | |
| Zip Code 21297 | Purpose of Disbursement Utilities | Transaction ID : SB17.17082 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015 |
| Mailing Address P. O. Box 17464 | | Amount of Each Disbursement this Period 63.57 <input type="checkbox"/> Memo Item |
| City Baltimore | State MD | |
| Zip Code 21297 | Purpose of Disbursement Equipment | Transaction ID : SB17.17084 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1054.25 |
| 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 58 OF 62 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 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)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015 |
| Mailing Address P. O. Box 17464 | | Amount of Each Disbursement this Period 479.13 |
| City Baltimore | State MD | |
| Zip Code 21297 | Purpose of Disbursement Utilities | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.17161 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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

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

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 479.13 |
| TOTAL This Period (last page this line number only)..... | 57023.52 |

**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 59 OF 62 |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 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)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Baltimore County Democratic Central Committee | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015 |
| Mailing Address Baltimore County Democratic Centra | | Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.17198 |
| City Towson | State MD | |
| Zip Code 21204 | Purpose of Disbursement Donation | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Citizens For Shannon Sneed | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015 |
| Mailing Address 3014 E. Fayette Street | | Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.16970 |
| City Baltimore | State MD | |
| Zip Code 21224 | Purpose of Disbursement Donation | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Congressional Black Caucus Fondation | | Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015 |
| Mailing Address 430 S. Capitol, SE | | Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.16982 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Donation | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 62 |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | |

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Congressional Black Caucus Fondation | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015 |
| Mailing Address 430 S. Capitol, SE | | Amount of Each Disbursement this Period 7500.00 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement ALC | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB21.17080 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Congressional Black Caucus Fondation | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015 |
| Mailing Address 430 S. Capitol, SE | | Amount of Each Disbursement this Period 500.00 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement ALC | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB21.17081 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF CORRINE BROWN | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015 |
| Mailing Address 3563 Carriage Walk Lane | | Amount of Each Disbursement this Period 2000.00 |
| City Laurel | State MD | |
| Zip Code 20724 | Purpose of Disbursement Donation | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB21.16981 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 10000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 62 | | | |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | | | | |

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

| | | | | | |
|---|-------------|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. Leadership At It's Best | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015 | | |
| Mailing Address 2725 Millers Way Dr | | | Amount of Each Disbursement this Period 300.00 | | |
| City Ellicott City | State MD | Zip Code 21043 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement Donation | | Candidate Name | Transaction ID : SB21.17154 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | Category/Type | | | |

| | | | | | |
|---|-------------|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. McFadden For Senate | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015 | | |
| Mailing Address 1200 Light Street | | | Amount of Each Disbursement this Period 500.00 | | |
| City Baltimore | State MD | Zip Code 21230 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement Donation | | Candidate Name | Transaction ID : SB21.17153 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | Category/Type | | | |

| | | | | | |
|---|-------------|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. National Democratic Club | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015 | | |
| Mailing Address 30 Ivy Street, SE | | | Amount of Each Disbursement this Period 500.00 | | |
| City Washington | State DC | Zip Code 20003 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement Dues | | Candidate Name | Transaction ID : SB21.17157 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | Category/Type | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1300.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 62 OF 62 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. National Democratic Club | | Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015 |
| Mailing Address 30 Ivy Street, SE | | Amount of Each Disbursement this Period 20.00 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Dues | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB21.17152 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Will Jawando For Congress | | Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015 |
| Mailing Address P.O. Box 10598 | | Amount of Each Disbursement this Period 350.00 |
| City Silver Spring | State MD | |
| Zip Code 20914 | Purpose of Disbursement Donation | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB21.16953 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Young Men With Power | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015 |
| Mailing Address PO Box 13403 | | Amount of Each Disbursement this Period 250.00 |
| City Baltimore | State MD | |
| Zip Code 21233 | Purpose of Disbursement Donation | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB21.16983 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 620.00 |
| TOTAL This Period (last page this line number only)..... | 15670.00 |