

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Paula Hollinger for Congress

ADDRESS (number and street) P.O. Box 5861  
 Check if different than previously reported. (ACC)  
Baltimore MD 21282

2. **FEC IDENTIFICATION NUMBER** C00413492  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
MD 03

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

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

5. Covering Period 08 24 2006 through 09 30 2006

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 David Uhlfelder

Signature of Treasurer Electronically Filed by David Uhlfelder Date 11 27 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Paula Hollinger for Congress

Report Covering the Period:

From: 

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	76775.76	850175.74
(b) Total Contribution Refunds (from Line 20(d)).....	13100.00	14100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	63675.76	836075.74
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	90723.40	826888.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1300.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	90723.40	825588.94
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	10481.61	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	10484.78	

**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 02/2003)

Write or Type Committee Name  
Paula Hollinger for Congress

Report Covering the Period: From: 

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**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).....

36960.00

537758.50

(ii) Unitemized.....

9400.00

133912.30

(iii) TOTAL of contributions

46360.00

671670.80

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

30415.76

173681.75

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

0.00

4823.19

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

76775.76

850175.74

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

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

1300.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

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

76775.76

851475.74

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	90723.40	826888.94
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.....	8100.00	9100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	13100.00	14100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	103823.40	840988.94

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	37529.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	76775.76
25. SUBTOTAL (add Line 23 and Line 24).....	114305.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	103823.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10481.61

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

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

Mailing Address 53 Richfield Road

City State Zip Code  
Arlington MA 02474

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2006

**Transaction ID:** C857172

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Matthew C Anacker

Mailing Address c/o A & A Tree Experts, Inc  
19 Stonehenge Circle

City State Zip Code  
Baltimore MD 21208

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

Name of Employer Information Requested Occupation Information Requested  
A & A Tree Experts, Inc. Arborist/Landscape Architect

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

**Transaction ID:** C855390

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bruce Bereano

Mailing Address 720 Holly Drive N

City State Zip Code  
Annapolis MD 21401

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

Name of Employer Information Requested Occupation Information Requested  
Law Offices of Bruce Bereano Attorney/Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID:** C849550

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Paul C. Berman		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 811 Ridgeleigh Rd.		<b>Transaction ID:</b> C855693
City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed Occupation Psychologist	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Phillip S. Berry		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 4510 Canyon Road		<b>Transaction ID:</b> C853493
City State Zip Code Lafayette CA 94549	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Berry & Berry Occupation Attorney	Election Cycle-to-Date 850.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Benjamin M. Bialek		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 10913 Great Oak Way		<b>Transaction ID:</b> C855373
City State Zip Code Columbia MD 21044	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date 350.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

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

Mailing Address 3213 Woodvalley Dr.

City State Zip Code  
Baltimore MD 21208

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

Name of Employer Komar Co. & HLS Partnersh-  
ip Occupation Corporate Officer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2006

Transaction ID: C854105

Amount of Each Receipt this Period  
750.00

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

**B.** Full Name (Last, First, Middle Initial)  
Margaret W. Bridwell

Mailing Address 10996 Swansfield Rd

City State Zip Code  
Columbia MD 21044-2707

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

Name of Employer Self Occupation OB-GYN

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

Transaction ID: C853007

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 10069-4 Windstream Dr.

City State Zip Code  
Columbia MD 21044

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

Name of Employer Self Employed Occupation Psychologist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

Transaction ID: C849000

Amount of Each Receipt this Period  
50.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

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

Mailing Address 10069-4 Windstream Dr.

City Columbia State MD Zip Code 21044

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

Name of Employer Self Employed Occupation Psychologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

Transaction ID: C850302

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Pamela I Clark

Mailing Address 905 Hammershire Road

City Owings Mills State MD Zip Code 21117

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

Name of Employer Battelle Centers for Public Health Res Occupation Epidemiologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: C853111

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Barry M. Cohen

Mailing Address 27 Barbican Way

City Pikesville State MD Zip Code 21208

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

Name of Employer Cohen & Dwin Occupation Elder Law Atty

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: C854536

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Stephanie C. Cooper		Date of Receipt MM / DD / YYYY 09 / 06 / 2006
Mailing Address 3448 Butler Rd		<b>Transaction ID:</b> C855377
City Reisterstown	State MD	Zip Code 21136
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer Not Employed	Occupation Not Employed	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Gloria C. Cummings		Date of Receipt MM / DD / YYYY 08 / 29 / 2006
Mailing Address 41 Cornbury Ct.		<b>Transaction ID:</b> C850312
City Owings Mills	State MD	Zip Code 21117
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Lorien Health Systems	Occupation Nurse	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jeffrey E. Davis, CPA		Date of Receipt MM / DD / YYYY 08 / 30 / 2006
Mailing Address 6321 Velvet Path		<b>Transaction ID:</b> C851688
City Columbia	State MD	Zip Code 21044
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Glass Jacobson	Occupation CPA, Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Sheila K. Derman		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 9 Willwood Court		<b>Transaction ID:</b> C855999	
City State Zip Code Baltimore MD 21209-1059	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Sheila K. Derman		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 9 Willwood Court		<b>Transaction ID:</b> C857617	
City State Zip Code Baltimore MD 21209-1059	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Benjamin Dubin		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 7113 Pheasant Cross Dr		<b>Transaction ID:</b> C853507	
City State Zip Code Baltimore MD 21209-1023	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CPA Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Donald Fedder</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 136 Welcome Aly		<b>Transaction ID: C855393</b>	
City State Zip Code Baltimore MD 21201-2432		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation University of MD at Baltimore Pharmacist			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Laura Ford</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006	
Mailing Address 295 Red Tail Trail		<b>Transaction ID: C848979</b>	
City State Zip Code Evergreen CO 80439		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. J. Robert Frazee</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 9801 Bridlebrook Dr		<b>Transaction ID: C851533</b>	
City State Zip Code Owings Mills MD 21117		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation MidAtlantic Farm Credit Information Requested			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susan Joyce Ganz

Mailing Address 11103 Valley Heights Dr.

City Owings Mills State MD Zip Code 21117

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

Name of Employer Lion Brothers Co. Inc. Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2006

**Transaction ID: C855644**

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Julia Elizabeth Garraway

Mailing Address 904 Creek Drive

City Annapolis State MD Zip Code 21403

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

Name of Employer Retired Occupation President Emerita, MICUA

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2006

**Transaction ID: C849571**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lilian Hackerman

Mailing Address 1 Slade Avenue

City Baltimore State MD Zip Code 21208

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2006

**Transaction ID: C855785**

Amount of Each Receipt this Period  
600.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Charles E. Haley

Mailing Address 15426 W. Fairmont Ave

City State Zip Code  
Goodyear AZ 85338

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2006

**Transaction ID:** C854095

Amount of Each Receipt this Period  
75.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lois Cowles Harrison

Mailing Address 2311 Nevada Rd

City State Zip Code  
Lakeland FL 33803-2339

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

Name of Employer Retired Occupation Retired Civic Volunteer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

**Transaction ID:** C854559

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 7600 Wisconsin Ave  
7th Floor

City State Zip Code  
Bethesda MD 20814

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

Name of Employer Toucan Capital Occupation Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

**Transaction ID:** C855983

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2425.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Caren Hoffberger</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address 8417 Stevenson Rd		<b>Transaction ID: C850310</b>	
City State Zip Code Baltimore MD 21208-1838	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Rebecca Hoffberger</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 1802 Bywoods Rd		<b>Transaction ID: C869315</b>	
City State Zip Code Stevenson MD 21153-0630	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 2100.00		
* In-Kind: room rental			

Full Name (Last, First, Middle Initial) <b>C. Edward J. Jacobson, CPA, CVA</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address 12 Lakeshire Ct		<b>Transaction ID: C850331</b>	
City State Zip Code Owings Mills MD 21117	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lynn Rankin Jordan

Mailing Address 1521 Applecroft Lane

City State Zip Code  
Cockeysville MD 21030

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2006

Transaction ID: C857457

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
G. Arnold Kaufman

Mailing Address 3125 Enclave Ct

City State Zip Code  
Baltimore MD 21208

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: C855375

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 227 Main St

City State Zip Code  
Reisterstown MD 21136-1223

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

Name of Employer Self Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: C850296

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

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

Mailing Address 8002 Inverness Ridge Rd

City Potomac State MD Zip Code 20854

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

Name of Employer Health Policy Institute Occupation Associate Research Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2006

**Transaction ID:** C854108

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Martin G. Kutlik

Mailing Address 10845 Philadelphia Rd.

City White Marsh State MD Zip Code 21162

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

Name of Employer Ridgely Wines and Spirits Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2006

**Transaction ID:** C857460

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sally H Leimbach

Mailing Address 1433 Bolton St

City Baltimore State MD Zip Code 21217

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

Name of Employer Riggs, Counselman, Michaelis & Downes Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2006

**Transaction ID:** C855682

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

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

Mailing Address 2205 Boxmere Road

City State Zip Code  
Timonium MD 21093

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

Name of Employer Occupation  
Neuberger, Quinn, Gielen, Rubin & Gibb Lawyer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2006

**Transaction ID:** C853852

Amount of Each Receipt this Period  
350.00

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

**B.** Full Name (Last, First, Middle Initial)  
Charlotte H. Lerner

Mailing Address 3016 Northbrook Court

City State Zip Code  
Baltimore MD 21209

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2006

**Transaction ID:** C855972

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Larry Levy

Mailing Address 30 Diamond Crest Court

City State Zip Code  
Baltimore MD 21209

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

Name of Employer Occupation  
Biddle Street Catering Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

246.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

**Transaction ID:** C850295

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Mark L. Levy</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address 5 Westspring Way		<b>Transaction ID: C849310</b>	
City State Zip Code Lutherville Timoni MD 21093	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Jonathan S. Lewin, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6	
Mailing Address 104 Ridgewood Road		<b>Transaction ID: C854280</b>	
City State Zip Code Baltimore MD 21210	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Vicki A. Lucas</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 6	
Mailing Address 15 Lochwynd Ct		<b>Transaction ID: C857169</b>	
City State Zip Code Phoenix MD 21131	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Louise Macks		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006
Mailing Address 6120 Hollows Lane Polo Club		<b>Transaction ID:</b> C854103
City State Zip Code Delray Beach FL 33484	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 750.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Morton Macks		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006
Mailing Address 6120 Hollows Ln Polo Club		<b>Transaction ID:</b> C854102
City State Zip Code Delray Beach FL 33484	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 750.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Steve Mandell		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 10840 Stevenson Rd		<b>Transaction ID:</b> C855975
City State Zip Code Stevenson MD 21153-0679	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Johns Hopkins Occupation Management	Election Cycle-to-Date ▼ 880.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Lorna Valentine Manigault		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address 39 Bellchase Ct		Transaction ID: C849314	
City Pikesville State MD Zip Code 21208-1300		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer: Nursing & Health Services Training Con Occupation: Nurse		Election Cycle-to-Date 200.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B.</b> Richmond Manigault		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address 39 Bellchase Ct		Transaction ID: C849313	
City Pikesville State MD Zip Code 21208-1300		Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer: Nursing & Health Services Training Con Occupation: Nurse		Election Cycle-to-Date 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C.</b> Diana J. Mason		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6	
Mailing Address 455 W. 44th Street, # 22		Transaction ID: C855684	
City New York State NY Zip Code 10036		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer: Wolters Kluwer Health Occupation: Nurse/Journalist		Election Cycle-to-Date 200.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sally S. McDaniel

Mailing Address 3777 Paces Ferry Road, N.W.

City Atlanta State GA Zip Code 30327

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

Name of Employer Self Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2006

Transaction ID: C855566

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 4501 Maryknoll Road

City Baltimore State MD Zip Code 21208

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

Name of Employer Mercy Anesthesiology Occupation CRNA

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

Transaction ID: C855008

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Madeline H. Mixer

Mailing Address 76 Bonnie Lane

City Berkeley State CA Zip Code 94708

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2006

Transaction ID: C855786

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
H. Alexander Munitz

Mailing Address 1828 Courtyard Circle

City Baltimore State MD Zip Code 21208

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

Name of Employer Greater Baltimore Medical Center Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2006

Transaction ID: C853024

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Barry J. Nabozny

Mailing Address 3517 Overbrook Road

City Baltimore State MD Zip Code 21208-4318

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

Name of Employer Remax Occupation Agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

Transaction ID: C849576

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kelli Nelson

Mailing Address 761 Sussex Ct

City Eldersburg State MD Zip Code 21784-6128

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

Name of Employer MD Developmental Disabilities Council Occupation Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1533.61

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2006

Transaction ID: C855971

Amount of Each Receipt this Period  
100.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Marie L. Noplock</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6	
Mailing Address 1908 Dulaney Valley Rd		<b>Transaction ID: C849315</b>	
City State Zip Code Lutherville MD 21093-4402	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer The Maryland Therapy Network, Inc	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) <b>B. Jane Margaret O'Brien</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 19860 Pear Hill Road		<b>Transaction ID: C853244</b>	
City State Zip Code Leonardtown MD 20650	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer St. Mary's College	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. Barbara Joanne Payne</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6	
Mailing Address 10108 Farrcroft Drive		<b>Transaction ID: C857463</b>	
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Information Requested	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mindy Cavalier Per

Mailing Address 14 dandelion ct

City State Zip Code  
owings mills MD 21117

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

Name of Employer Occupation  
long & foster realtors sales

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2006

**Transaction ID:** C854298

Amount of Each Receipt this Period  
25.00

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

**B.** Full Name (Last, First, Middle Initial)  
Linda F. Powers

Mailing Address 9306 Kendale Rd

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
Toucan Capital Corp Managing Dir

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2006

**Transaction ID:** C855979

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mary Louise Preis

Mailing Address 810 Drohomer Pl

City State Zip Code  
Baltimore MD 21210-1347

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

Name of Employer Occupation  
Citi-Bank Vice President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1950.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

**Transaction ID:** C850304

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gale R. Quick

Mailing Address 3400 N Furnace Road

City State Zip Code  
Jarettsville MD 21084

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

Name of Employer Occupation  
retired retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2006

**Transaction ID: C857461**

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Burton L. Raimi

Mailing Address 3131 Connecticut Ave, NW #2508

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
Law Offices of Burton L. Raimi Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

**Transaction ID: C855388**

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
Barry Ray

Mailing Address 6621 Park Avenue

City State Zip Code  
Morton Grove IL 60053

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

Name of Employer Occupation  
Health and Home Management Financial Officer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

**Transaction ID: C850313**

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Pearl B. Reischer

Mailing Address 6304 Fairlane Dr

City State Zip Code  
Baltimore MD 21209

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: C850889

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Patricia Goss Rhodes

Mailing Address 5561 NE Ambleside Rd.

City State Zip Code  
Seattle WA 98105

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

Name of Employer Self Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2006

Transaction ID: C854107

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Harrison J. Rider, III

Mailing Address 1400 Lancaster St. #700

City State Zip Code  
Baltimore MD 21231

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

Name of Employer Union Memorial Hospital Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: C850305

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Catherine I Riley

Mailing Address 747 Roland Ave

City State Zip Code  
Bel Air MD 21014

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

Name of Employer Self Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

Transaction ID: C855986

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dorothy L. Rosenberg

Mailing Address 5 High Green Lane

City State Zip Code  
Stevenson MD 21153

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: C851529

Amount of Each Receipt this Period  
1100.00

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

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

Mailing Address 5 High Green Lane

City State Zip Code  
Stevenson MD 21153

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

Name of Employer Rosemore, Inc Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: C851521

Amount of Each Receipt this Period  
1600.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

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

Mailing Address 5 High Green Lane

City State Zip Code  
Stevenson MD 21153

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

Name of Employer Occupation  
Rosemore, Inc CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2006

Transaction ID: C851523

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Harriet F. Rubinson

Mailing Address 50 Barbican Way

City State Zip Code  
Pikesville MD 21208-1160

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2006

Transaction ID: C857616

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Paul Saval

Mailing Address 7 Red Maple Ct

City State Zip Code  
Owings Mills MD 21117-1433

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

Name of Employer Occupation  
Saval Foods food services

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: C850308

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Gloria W. Seidel		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006
Mailing Address 16 Millstone Rd.		<b>Transaction ID:</b> C854094
City State Zip Code Randallstown MD 21133-1519	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker	Election Cycle-to-Date 205.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Arun V. Shah		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006
Mailing Address 3035 Pinewood		<b>Transaction ID:</b> C854093
City State Zip Code Baltimore MD 21214	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested Information Requested	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Robin F. Shaivitz		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 10355 Crossbeam Ct		<b>Transaction ID:</b> C855991
City State Zip Code Columbia MD 21044-3819	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Alexander and Cleaver Attorney	Election Cycle-to-Date 1250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	535.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

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

Mailing Address 3202 Keyser Rd

City Baltimore State MD Zip Code 21208-1919

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

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

Transaction ID: C849532

Amount of Each Receipt this Period  
75.00

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

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

Mailing Address 1739 Vineyard Trail

City Annapolis State MD Zip Code 21401

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

Transaction ID: C850303

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Arnold R. Silbiger

Mailing Address 1338 Sulphur Spring Rd

City Baltimore State MD Zip Code 21227

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

Name of Employer Self Occupation Family Lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: C855689

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Warren R. Slavin

Mailing Address 427 Winding Rose Dr

City State Zip Code  
Rockville MD 20850

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

Name of Employer Occupation  
Hebrew Home of Greater Washington President & CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

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

Transaction ID: C849539

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 2901 Boston Street

City State Zip Code  
Baltimore MD 21224

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

Name of Employer Occupation  
Self Employed Psychologist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1866.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: C848348

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Elinor Kotzen Spokes

Mailing Address 1017 Windsor Road

City State Zip Code  
Baltimore MD 21208

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

Name of Employer Occupation  
at home free lance writer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: C855016

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Duane C. Spriestersbach

Mailing Address 2 Longview Knoll NE

City State Zip Code  
Iowa City IA 52240

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

**Transaction ID: C854538**

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 10784 Hickory Ridge Road

City State Zip Code  
Columbia MD 21044

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2006

**Transaction ID: C855692**

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sheila S. Steelman

Mailing Address 11 Brickford Lane

City State Zip Code  
Baltimore MD 21208

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

Name of Employer Barry L. Steelman & Associates Occupation Office Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

**Transaction ID: C853019**

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

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

Mailing Address 3909 Juniper Rd

City State Zip Code  
Baltimore MD 21218-1851

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

Name of Employer Occupation  
MedStar Health Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
626.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2006

**Transaction ID: C850311**

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 2416 Ken Oak Rd

City State Zip Code  
Baltimore MD 21209-4310

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

Name of Employer Occupation  
Executive Director Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

**Transaction ID: C855978**

Amount of Each Receipt this Period  
350.00

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

**C.** Full Name (Last, First, Middle Initial)  
Louis B. Thalheimer

Mailing Address 6225 Smith Avenue  
Suite B 100

City State Zip Code  
Baltimore MD 21209-3623

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

Name of Employer Occupation  
Lord Baltimore Capital President and CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

**Transaction ID: C851163**

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Laurie T Thomas

Mailing Address 1616 Earlham Ave

City State Zip Code  
Crofton MD 21114-1502

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

Name of Employer Maryland Board of Social Work Examiner  
Occupation Chair, Continuing Education Committee

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

**Transaction ID:** C850301

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ronald L Van Nest

Mailing Address 1306 Anglesey Dr

City State Zip Code  
Davidsonville MD 21035

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

Name of Employer self  
Occupation Editor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2006

**Transaction ID:** C849198

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Polly N. Victor

Mailing Address 5543 N. Fresno, # D

City State Zip Code  
Fresno CA 93710

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

Name of Employer Retired  
Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2006

**Transaction ID:** C857170

Amount of Each Receipt this Period  
100.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jordan E. Warnick

Mailing Address 4521 Hawksbury Rd

City State Zip Code  
Baltimore MD 21208-2125

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

Name of Employer Occupation  
UMM School of Medicine Assistant Dean

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

Transaction ID: C855973

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lisa M Wenrich

Mailing Address 640 PLYMOUTH ROAD

City State Zip Code  
BALTIMORE MD 21229

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

Name of Employer Occupation  
PLYMOUTH ROAD ARCHITECTS ARCHITEST

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2006

Transaction ID: C854279

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Julie Grossman Woodcock

Mailing Address 113 Holly Glade Circle

City State Zip Code  
Holly Springs NC 27540

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

Name of Employer Occupation  
Self Realtor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

Transaction ID: C848999

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Snyder, Slutkin, and Snyder

Mailing Address 1829 Reisterstown Road

City State Zip Code  
Baltimore MD 21208

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: C848687

Amount of Each Receipt this Period  
2100.00

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

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
Steven L. Snyder

Mailing Address 3 Anton North

City State Zip Code  
Baltimore MD 21208-1746

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

Name of Employer Occupation  
Snyder, Slutkin, and Snyder  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: C848693

Amount of Each Receipt this Period  
2100.00

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

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Steven L. Snyder

Mailing Address 3 Anton North

City State Zip Code  
Baltimore MD 21208-1746

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

Name of Employer Occupation  
Snyder, Slutkin, and Snyder  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: C848694

Amount of Each Receipt this Period  
400.00

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

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Snyder, Slutkin, and Snyder		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 6	
Mailing Address 1829 Reisterstown Road		Transaction ID: C848689	
City State Zip Code Baltimore MD 21208	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2100.00		
PARTNERSHIP--partners below if itemized			

Full Name (Last, First, Middle Initial) <b>B.</b> Hilton Pikesville		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 1726 Reisterstown Rd		Transaction ID: C851240	
City State Zip Code Baltimore MD 21208	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1500.00		
PARTNERSHIP--partners below if itemized			

Full Name (Last, First, Middle Initial) <b>C.</b> Nick Mangione, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 2514 Proctore Lane		Transaction ID: C851248	
City State Zip Code Baltimore MD 21234	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Hilton Pikesville, LLC Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Manager Election Cycle-to-Date ▼ 1500.00		
<b>[MEMO ITEM]</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Crossroad Psychological Associates

Mailing Address 10784 Hickory Ridge Road

City Columbia State MD Zip Code 21044

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 07 / 2006

**Transaction ID: C855698**

Amount of Each Receipt this Period  
 500.00

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

**PARTNERSHIP**--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
Susan S. Stacy

Mailing Address 10784 Hickory Ridge Road

City Columbia State MD Zip Code 21044

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

Name of Employer Occupation  
Crossroad Psychological Associates Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 07 / 2006

**Transaction ID: C855697**

Amount of Each Receipt this Period  
 500.00

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

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Judy G Honig

Mailing Address 9911 Depaul Drive

City Bethesda State MD Zip Code 20817

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

Name of Employer Occupation  
Lapine Group consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 25 / 2006

**Transaction ID: C869260A**

Amount of Each Receipt this Period  
 250.00

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

\* Earmarked Contribution:  
See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
EMILY's List

Mailing Address 1120 Connecticut Avenue  
Suite 1100

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation  
Conduit total: 3,215.00

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: C869260AB

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
Ellen L Moran

Mailing Address 3106 Cummings Lane

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
EMILY's List Executive Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: C869263A

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution:  
See Below

**C.** Full Name (Last, First, Middle Initial)  
EMILY's List

Mailing Address 1120 Connecticut Avenue  
Suite 1100

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation  
Conduit total: 3,215.00

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: C869263AB

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)  
Paula Hollinger for Congress

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

Mailing Address P.O. Box 242  
Hudson House

City Ardsley On Hudson State NY Zip Code 10503

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
08 / 30 / 2006

Transaction ID: C869272A

Amount of Each Receipt this Period  
250.00

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

\* Earmarked Contribution:  
See Below

**B.** Full Name (Last, First, Middle Initial)  
EMILY's List

Mailing Address 1120 Connecticut Avenue  
Suite 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation Conduit total: 3,215.00

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ .00

Date of Receipt  
08 / 30 / 2006

Transaction ID: C869272AB

Amount of Each Receipt this Period  
250.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Ruth W. Rosen

Mailing Address 5 Mt. Hood Court

City San Rafael State CA Zip Code 94903

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
08 / 31 / 2006

Transaction ID: C869273A

Amount of Each Receipt this Period  
100.00

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

\* Earmarked Contribution:  
See Below

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 41 / 93	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
EMILY's List

Mailing Address 1120 Connecticut Avenue  
Suite 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation  
Conduit total: 3,215.00

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ .00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	6

Transaction ID: C869273AB

Amount of Each Receipt this Period  

100.00
--------

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	36960.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. AFSCME</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006		
Mailing Address 1625 L Street, NW		<b>Transaction ID: C855963</b>		
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 5000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b> C00011114				
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00			

Full Name (Last, First, Middle Initial) <b>B. American Health Care Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006		
Mailing Address 1201 L Street, N.W.		<b>Transaction ID: C855965</b>		
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b> C00006080				
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3500.00			

Full Name (Last, First, Middle Initial) <b>C. American Occupational Therapy Association, Inc PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006		
Mailing Address 4720 Montgomery Lane P.O. Box 31220		<b>Transaction ID: C855969</b>		
City State Zip Code Bethesda MD 20824-1220	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b> C00089086				
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. EMILY's List</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1120 Connecticut Avenue Suite 1100		<b>Transaction ID: C850284</b>	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 1119.17	
FEC ID number of contributing federal political committee. <b>C</b> C00193433		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		* In-Kind: staff	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4905.76	

Full Name (Last, First, Middle Initial) <b>B. EMILY's List</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1120 Connecticut Avenue Suite 1100		<b>Transaction ID: C850285</b>	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 954.48	
FEC ID number of contributing federal political committee. <b>C</b> C00193433		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		* In-Kind: staff travel	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4905.76	

Full Name (Last, First, Middle Initial) <b>C. EMILY's List</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 1120 Connecticut Avenue Suite 1100		<b>Transaction ID: C854607</b>	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 465.22	
FEC ID number of contributing federal political committee. <b>C</b> C00193433		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		* In-Kind: staff	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4905.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2538.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. EMILY's List</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 1120 Connecticut Avenue Suite 1100		<b>Transaction ID: C854609</b>	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 234.69	
FEC ID number of contributing federal political committee. <b>C</b> C00193433		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		* In-Kind: staff	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4905.76	

Full Name (Last, First, Middle Initial) <b>B. EMILY's List</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6	
Mailing Address 1120 Connecticut Avenue Suite 1100		<b>Transaction ID: C855308</b>	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 2101.68	
FEC ID number of contributing federal political committee. <b>C</b> C00193433		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		* In-Kind: staff	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4905.76	

Full Name (Last, First, Middle Initial) <b>C. EMILY's List</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6	
Mailing Address 1120 Connecticut Avenue Suite 1100		<b>Transaction ID: C855310</b>	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 30.52	
FEC ID number of contributing federal political committee. <b>C</b> C00193433		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		* In-Kind: staff travel	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4905.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2366.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 93
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial)  
Feminist Majority PAC

Mailing Address 1600 Wilson Blvd  
Ste 801

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00377168

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2006

**Transaction ID:** C854104

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Laborers' Political League

Mailing Address 905 16th Street, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID:** C850082

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
McKesson Corporation Employee Political Fund

Mailing Address One Post Street  
34th Floor

City San Francisco State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

**Transaction ID:** C860310

Amount of Each Receipt this Period  
3000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> National Association of Broadcasters PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 1771 N Street, NW		<b>Transaction ID:</b> C860293
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00009985		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> National Chicken Council Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 1015 15th Street, NW Suite 930		<b>Transaction ID:</b> C860550
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00034272		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> NFDA Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 13625 Bishop's Drive		<b>Transaction ID:</b> C855966
City State Zip Code Brookfield WI 53005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00204008		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Sierra Club Political Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 85 Second Street Second Floor		Transaction ID: C854565
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00135368		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1010.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Sierra Club Political Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 85 Second Street Second Floor		Transaction ID: C854569
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b> C00135368		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * In-Kind: Website Endorsement
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1010.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Transport Workers Union		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address Political Contributions Committee 1700 Broadway		Transaction ID: C853232
City State Zip Code New York NY 10019	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00008268		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2010.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

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

Mailing Address 275th Avenue

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	6

Transaction ID: C856123

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30415.76



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Easypay Chesapeake</b>		<b>Transaction ID: D36457</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 8094 Sandpiper Circle		Amount of Each Disbursement this Period 51.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21236	Purpose of Disbursement payroll processing fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP Easypay Chesapeake</b>		<b>Transaction ID: D36458</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 8094 Sandpiper Circle		Amount of Each Disbursement this Period 2952.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21236	Purpose of Disbursement state and federal payroll taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ADP Easypay Chesapeake</b>		<b>Transaction ID: D37149</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 8094 Sandpiper Circle		Amount of Each Disbursement this Period 2848.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21236	Purpose of Disbursement state and federal payroll taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5852.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Easypay Chesapeake</b>		<b>Transaction ID: D37708</b> Date of Disbursement 09 / 27 / 2006
Mailing Address 8094 Sandpiper Circle		Amount of Each Disbursement this Period 44.66
City Baltimore State MD Zip Code 21236	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll processing fees Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP Easypay Chesapeake</b>		<b>Transaction ID: D37709</b> Date of Disbursement 09 / 21 / 2006
Mailing Address 8094 Sandpiper Circle		Amount of Each Disbursement this Period 2298.32
City Baltimore State MD Zip Code 21236	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement state and federal payroll taxes Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ADP Easypay Chesapeake</b>		<b>Transaction ID: D37710</b> Date of Disbursement 09 / 18 / 2006
Mailing Address 8094 Sandpiper Circle		Amount of Each Disbursement this Period 47.98
City Baltimore State MD Zip Code 21236	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll processing fees Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2390.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Alexis Murray</b>		<b>Transaction ID: D36893</b> Date of Disbursement 09 / 10 / 2006	
Mailing Address 4205 Wynfield Drive		Amount of Each Disbursement this Period 40.00	
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement canvassing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Allen McFarland</b>		<b>Transaction ID: D36456</b> Date of Disbursement 08 / 30 / 2006	
Mailing Address 806 Dora Place		Amount of Each Disbursement this Period 461.75	
City Bel Air State MD Zip Code 21014	Purpose of Disbursement salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D36785</b> Date of Disbursement 08 / 31 / 2006	
Mailing Address P.O. Box 2878		Amount of Each Disbursement this Period 193.38	
City Omaha State NE Zip Code 68103-2878	Purpose of Disbursement credit card processing merchant fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>695.13</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: D36792</b> Date of Disbursement 09 / 01 / 2006
Mailing Address P.O. Box 2878		Amount of Each Disbursement this Period 4.50
City Omaha State NE Zip Code 68103-2878	Purpose of Disbursement credit card merchant service fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: D39727</b> Date of Disbursement 09 / 30 / 2006
Mailing Address P.O. Box 2878		Amount of Each Disbursement this Period 71.50
City Omaha State NE Zip Code 68103-2878	Purpose of Disbursement credit card merchant service fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D39728</b> Date of Disbursement 09 / 19 / 2006
Mailing Address P.O. Box 2878		Amount of Each Disbursement this Period 27.25
City Omaha State NE Zip Code 68103-2878	Purpose of Disbursement credit card merchant service fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

103.25

**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 53 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Authorize.Net</b>		<b>Transaction ID:</b> D39726 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 915 South 500 East Suite 200		Amount of Each Disbursement this Period 51.00
City American Fork State UT Zip Code 84003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement credit card processing fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Authorize.Net</b>		<b>Transaction ID:</b> D37139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 915 South 500 East Suite 200		Amount of Each Disbursement this Period 111.59
City American Fork State UT Zip Code 84003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement credit card merchant service fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID:</b> D36940 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1501 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 19.95
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement bank fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	182.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID: D39724</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1501 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 17.84
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement bank fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID: D39725</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 1501 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 37.80
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement bank fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		<b>Transaction ID: D37711</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 44 Sudbrook Lane		Amount of Each Disbursement this Period 328.65
City Baltimore State MD Zip Code 21208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement service charge Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>384.29</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>		Transaction ID: D37712 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
Mailing Address 44 Sudbrook Lane		Amount of Each Disbursement this Period 69.73	
City Baltimore State MD Zip Code 21208	Purpose of Disbursement fee for new checks Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Amount of Each Disbursement this Period 69.73		

Full Name (Last, First, Middle Initial) <b>B. Brian Bailey</b>		Transaction ID: D37147 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006	
Mailing Address 109 Ridge Ave		Amount of Each Disbursement this Period 666.12	
City Lansdowne State MD Zip Code 21227	Purpose of Disbursement salary Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Amount of Each Disbursement this Period 666.12		

Full Name (Last, First, Middle Initial) <b>C. Brian Bailey</b>		Transaction ID: D36780 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006	
Mailing Address 109 Ridge Ave		Amount of Each Disbursement this Period 47.24	
City Lansdowne State MD Zip Code 21227	Purpose of Disbursement reimbursement for office supplies Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Amount of Each Disbursement this Period 47.24		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	783.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Brian Bailey</b>		<b>Transaction ID: D36452</b> Date of Disbursement 08 / 30 / 2006
Mailing Address 109 Ridge Ave		Amount of Each Disbursement this Period 666.12
City Lansdowne State MD Zip Code 21227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID: D36731</b> Date of Disbursement 09 / 03 / 2006
Mailing Address P.O. Box 17356		Amount of Each Disbursement this Period 154.41
City Baltimore State MD Zip Code 21297	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement cell phone bill Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Discover Network</b>		<b>Transaction ID: D36790</b> Date of Disbursement 09 / 05 / 2006
Mailing Address P.O. Box 3015		Amount of Each Disbursement this Period 111.59
City New Albany State OH Zip Code 43054	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement merchant service fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	932.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Discover Network</b>		<b>Transaction ID:</b> D36791 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 3015		Amount of Each Disbursement this Period 6.15
City New Albany State OH Zip Code 43054	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement credit card merchant service fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dr. Martin Lang</b>		<b>Transaction ID:</b> D36408 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 12185 Woodford Drive		Amount of Each Disbursement this Period 700.00
City Marriottsville State MD Zip Code 21104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement rent Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Dr. Martin Lang</b>		<b>Transaction ID:</b> D37743 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 12185 Woodford Drive		Amount of Each Disbursement this Period 700.00
City Marriottsville State MD Zip Code 21104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement rent Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1406.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 58 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. EMILY's List</b>		<b>Transaction ID:</b> D36373 Date of Disbursement
Mailing Address 1120 Connecticut Avenue Suite 1100		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20036
Purpose of Disbursement staff	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1119.17"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EMILY's List</b>		<b>Transaction ID:</b> D36374 Date of Disbursement
Mailing Address 1120 Connecticut Avenue Suite 1100		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20036
Purpose of Disbursement staff travel	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="954.48"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EMILY's List</b>		<b>Transaction ID:</b> D36763 Date of Disbursement
Mailing Address 1120 Connecticut Avenue Suite 1100		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20036
Purpose of Disbursement staff	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="465.22"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2538.87"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. EMILY's List</b>		<b>Transaction ID:</b> D36764 Date of Disbursement 08 / 31 / 2006
Mailing Address 1120 Connecticut Avenue Suite 1100		Amount of Each Disbursement this Period 234.69
City Washington	State DC Zip Code 20036	
Purpose of Disbursement staff		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EMILY's List</b>		<b>Transaction ID:</b> D36783 Date of Disbursement 09 / 05 / 2006
Mailing Address 1120 Connecticut Avenue Suite 1100		Amount of Each Disbursement this Period 2101.68
City Washington	State DC Zip Code 20036	
Purpose of Disbursement staff		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EMILY's List</b>		<b>Transaction ID:</b> D36784 Date of Disbursement 09 / 05 / 2006
Mailing Address 1120 Connecticut Avenue Suite 1100		Amount of Each Disbursement this Period 30.52
City Washington	State DC Zip Code 20036	
Purpose of Disbursement staff travel		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2366.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. GBS, Inc</b>		<b>Transaction ID: D36407</b> Date of Disbursement 08 / 29 / 2006	
Mailing Address P.O. Box 64802		Amount of Each Disbursement this Period 618.00	
City Baltimore State MD Zip Code 21264	Purpose of Disbursement health insurance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. GBS, Inc</b>		<b>Transaction ID: D37157</b> Date of Disbursement 09 / 18 / 2006	
Mailing Address P.O. Box 64802		Amount of Each Disbursement this Period 618.00	
City Baltimore State MD Zip Code 21264	Purpose of Disbursement health insurance premium	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. GOTV Election Day Canvassing Cash Payroll</b>		<b>Transaction ID: D39589</b> Date of Disbursement 09 / 05 / 2006	
Mailing Address 1501 Reisterstown Road		Amount of Each Disbursement this Period 4250.00	
City Pikesville State MD Zip Code 21208	Purpose of Disbursement GOTV Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5486.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. GOTV Election Day Canvassing Cash Payroll</b>		<b>Transaction ID:</b> D39590 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1501 Reisterstown Road		Amount of Each Disbursement this Period 1000.00
City Pikesville State MD Zip Code 21208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GOTV Payroll		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HC Services</b>		<b>Transaction ID:</b> D36781 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 55 Raisin Tree Circle		Amount of Each Disbursement this Period 562.20
City Pikesville State MD Zip Code 21208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement invitations and t-shirts		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. HC Services</b>		<b>Transaction ID:</b> D36851 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 55 Raisin Tree Circle		Amount of Each Disbursement this Period 558.71
City Pikesville State MD Zip Code 21208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement tshirts		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2120.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Rebecca Hoffberger</b>		<b>Transaction ID: D37769</b> Date of Disbursement 09 / 13 / 2006
Mailing Address 1802 Bywoods Rd		Amount of Each Disbursement this Period 2000.00
City Stevenson State MD Zip Code 21153-0630	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement room rental	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kimberly Coleman</b>		<b>Transaction ID: D37703</b> Date of Disbursement 09 / 20 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 117.00
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for stamps at USPS	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kimberly Coleman</b>		<b>Transaction ID: D37704</b> Date of Disbursement 09 / 20 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 151.23
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for utilities	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2268.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Kimberly Coleman</b>		<b>Transaction ID: D37705</b> Date of Disbursement 09 / 21 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 1257.01
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kimberly Coleman</b>		<b>Transaction ID: D37140</b> Date of Disbursement 09 / 18 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 107.01
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel reimbursement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kimberly Coleman</b>		<b>Transaction ID: D37141</b> Date of Disbursement 09 / 18 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 142.40
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for food/drinks for volun. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1506.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

<b>A. Kimberly Coleman</b> Full Name (Last, First, Middle Initial) Mailing Address 642 South Kenwood Avenue City Baltimore State MD Zip Code 21224 Purpose of Disbursement reimbursement for office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D37142</b> Date of Disbursement 09 / 18 / 2006 Amount of Each Disbursement this Period 7.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Kimberly Coleman</b> Full Name (Last, First, Middle Initial) Mailing Address 642 South Kenwood Avenue City Baltimore State MD Zip Code 21224 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D37144</b> Date of Disbursement 09 / 13 / 2006 Amount of Each Disbursement this Period 1257.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Kimberly Coleman</b> Full Name (Last, First, Middle Initial) Mailing Address 642 South Kenwood Avenue City Baltimore State MD Zip Code 21224 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D36454</b> Date of Disbursement 08 / 30 / 2006 Amount of Each Disbursement this Period 1257.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2521.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Kimberly Coleman</b>		<b>Transaction ID: D36778</b> Date of Disbursement 09 / 06 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 21.52
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kimberly Coleman</b>		<b>Transaction ID: D36779</b> Date of Disbursement 09 / 06 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 83.76
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for food/drinks Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kimberly Coleman</b>		<b>Transaction ID: D36732</b> Date of Disbursement 09 / 03 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 44.28
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement mileage reimbursement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	149.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Kimberly Coleman</b>		<b>Transaction ID: D36370</b> Date of Disbursement 08 / 28 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 58.02
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement mileage reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kimberly Coleman</b>		<b>Transaction ID: D36371</b> Date of Disbursement 08 / 28 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 75.00
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for food/drinks		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kimberly Coleman</b>		<b>Transaction ID: D36372</b> Date of Disbursement 08 / 28 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 25.00
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for food/drinks		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	158.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

<b>A. Knowledge Messenger</b> Full Name (Last, First, Middle Initial) Mailing Address 1342 S. Humboldt St. City Denver State CO Zip Code 80210 Purpose of Disbursement blast email service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D37702</b> Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 675.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Kristina Rosinsky</b> Full Name (Last, First, Middle Initial) Mailing Address 1800 Plainvue Way City Fallston State MD Zip Code 21047 Purpose of Disbursement reimbursement for mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D36406</b> Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 225.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Kristina Rosinsky</b> Full Name (Last, First, Middle Initial) Mailing Address 1800 Plainvue Way City Fallston State MD Zip Code 21047 Purpose of Disbursement mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D35562</b> Date of Disbursement 08 / 24 / 2006 Amount of Each Disbursement this Period 11.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

912.23

**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 68 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

<b>A. Kristina Rosinsky</b> Full Name (Last, First, Middle Initial) Mailing Address 1800 Plainvue Way City Fallston State MD Zip Code 21047 Purpose of Disbursement reimbursement for office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D35563</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 84.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Lake Research Partners</b> Full Name (Last, First, Middle Initial) Mailing Address 1726 M St. NW Suite 500 City Washington State DC Zip Code 20036 Purpose of Disbursement polling Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D36942</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 5937.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Lake Research Partners</b> Full Name (Last, First, Middle Initial) Mailing Address 1726 M St. NW Suite 500 City Washington State DC Zip Code 20036 Purpose of Disbursement polling Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D36777</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 9980.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16002.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Linwood's Due</b>		<b>Transaction ID:</b> D37156 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 25 Crossroads		Amount of Each Disbursement this Period 1596.00
City Owings Mills State MD Zip Code 21117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement catering		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lisa Nissley</b>		<b>Transaction ID:</b> D37145 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 10649 Faulkner Ridge Rd.		Amount of Each Disbursement this Period 2143.84
City Columbia State MD Zip Code 21044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement salary		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lisa Nissley</b>		<b>Transaction ID:</b> D36849 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 10649 Faulkner Ridge Rd.		Amount of Each Disbursement this Period 20.99
City Columbia State MD Zip Code 21044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies reimbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3760.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Lisa Nissley</b>		<b>Transaction ID: D36782</b> Date of Disbursement 09 / 06 / 2006
Mailing Address 10649 Faulkner Ridge Rd.		Amount of Each Disbursement this Period 79.40
City Columbia State MD Zip Code 21044	Purpose of Disbursement reimbursement for food/drinks	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lisa Nissley</b>		<b>Transaction ID: D36453</b> Date of Disbursement 08 / 30 / 2006
Mailing Address 10649 Faulkner Ridge Rd.		Amount of Each Disbursement this Period 2143.84
City Columbia State MD Zip Code 21044	Purpose of Disbursement salary	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lisa Nissley</b>		<b>Transaction ID: D36730</b> Date of Disbursement 09 / 03 / 2006
Mailing Address 10649 Faulkner Ridge Rd.		Amount of Each Disbursement this Period 105.77
City Columbia State MD Zip Code 21044	Purpose of Disbursement reimbursement for office supplies	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2329.01</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Lisa Nissley</b>		<b>Transaction ID: D37706</b> Date of Disbursement 09 / 21 / 2006
Mailing Address 10649 Faulkner Ridge Rd.		Amount of Each Disbursement this Period 2143.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbia State MD Zip Code 21044	Category/ Type	
Purpose of Disbursement salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Main Street Communications</b>		<b>Transaction ID: D36765</b> Date of Disbursement 09 / 05 / 2006
Mailing Address 2131 S St. NW		Amount of Each Disbursement this Period 9800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20008	Category/ Type	
Purpose of Disbursement production costs		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mission Control</b>		<b>Transaction ID: D36833</b> Date of Disbursement 09 / 08 / 2006
Mailing Address 201 Adams Street		Amount of Each Disbursement this Period 2482.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Manchester State CT Zip Code 06040	Category/ Type	
Purpose of Disbursement photography		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>14426.59</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Mission Control</b>		<b>Transaction ID:</b> D36835 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 201 Adams Street		Amount of Each Disbursement this Period 3500.00
City Manchester State CT Zip Code 06040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Northwest Savings Bank</b>		<b>Transaction ID:</b> D36367 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 100 Liberty Road		Amount of Each Disbursement this Period 2400.00
City Warren State PA Zip Code 16365	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. O'Connor Public Relations Associates, LLC</b>		<b>Transaction ID:</b> D36941 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 600 South Montford Ave.		Amount of Each Disbursement this Period 4500.00
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement aug/sept public relations consulting fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Sierra Club Political Committee</b>		<b>Transaction ID:</b> D36762 Date of Disbursement 09 / 05 / 2006
Mailing Address 85 Second Street Second Floor		Amount of Each Disbursement this Period 10.00
City San Francisco State CA Zip Code 94105	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Endorsement Candidate Name	Category/Type	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sutter's Mill</b>		<b>Transaction ID:</b> D36852 Date of Disbursement 09 / 08 / 2006
Mailing Address 499 South Capitol St., SW Suite 404		Amount of Each Disbursement this Period 1400.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising consulting fee Candidate Name	Category/Type	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Thomas A Phillips III</b>		<b>Transaction ID:</b> D37148 Date of Disbursement 09 / 13 / 2006
Mailing Address 4204 Groveland Ave		Amount of Each Disbursement this Period 455.67
City Baltimore State MD Zip Code 21215	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement salary Candidate Name	Category/Type	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1865.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Thomas A Phillips III</b>		<b>Transaction ID: D36455</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 4204 Groveland Ave		Amount of Each Disbursement this Period 455.67
City Baltimore State MD Zip Code 21215	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tiffany Deinzer</b>		<b>Transaction ID: D36728</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 20.50
City Halethorpe State MD Zip Code 21227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement mileage reimbursement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tiffany Deinzer</b>		<b>Transaction ID: D36729</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 80.00
City Halethorpe State MD Zip Code 21227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement cell phone reimbursement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	556.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Tiffany Deinzer</b>		<b>Transaction ID: D36369</b> Date of Disbursement 08 / 29 / 2006
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 60.88
City Halethorpe      State MD      Zip Code 21227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Tiffany Deinzer</b>		<b>Transaction ID: D35560</b> Date of Disbursement 08 / 24 / 2006
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 18.45
City Halethorpe      State MD      Zip Code 21227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for mileage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Tiffany Deinzer</b>		<b>Transaction ID: D35561</b> Date of Disbursement 08 / 24 / 2006
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 71.88
City Halethorpe      State MD      Zip Code 21227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for office supplies Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	151.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 76 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Tiffany Deinzer</b>		<b>Transaction ID: D36451</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 766.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Halethorpe State MD Zip Code 21227		
Purpose of Disbursement salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tiffany Deinzer</b>		<b>Transaction ID: D37146</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 766.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Halethorpe State MD Zip Code 21227			
Purpose of Disbursement salary Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Tiffany Deinzer</b>		<b>Transaction ID: D36825</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6	
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 13.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Halethorpe State MD Zip Code 21227			
Purpose of Disbursement office supplies Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1546.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Tiffany Deinzer</b>		<b>Transaction ID: D36787</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 32.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Halethorpe State MD Zip Code 21227	Purpose of Disbursement reimbursement for food/drinks Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tiffany Deinzer</b>		<b>Transaction ID: D37707</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 766.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Halethorpe State MD Zip Code 21227	Purpose of Disbursement salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tiffany Deinzer</b>		<b>Transaction ID: D37159</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 1105 Regina Drive		Amount of Each Disbursement this Period 73.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Halethorpe State MD Zip Code 21227	Purpose of Disbursement office supplies reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	872.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		<b>Transaction ID: D36793</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 3703 Old Court Road		Amount of Each Disbursement this Period 241.41
City Pikesville State MD Zip Code 21208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement stamps Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		<b>Transaction ID: D35544</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address 3703 Old Court Road		Amount of Each Disbursement this Period 390.00
City Pikesville State MD Zip Code 21208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement stamps Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID: D36368</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 155.84
City Baltimore State MD Zip Code 21297	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement phone/dsl bill Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	787.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

<b>A. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement phone/dsl Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D37158</b> Date of Disbursement 09 / 18 / 2006 Amount of Each Disbursement this Period 103.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Winning Connections, Inc</b> Full Name (Last, First, Middle Initial) Mailing Address 317 Pennsylvania Ave, SE City Washington State DC Zip Code 20003 Purpose of Disbursement robo calls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D37701</b> Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 3764.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Brian Bailey</b> Full Name (Last, First, Middle Initial) Mailing Address 109 Ridge Ave City Lansdowne State MD Zip Code 21227 Purpose of Disbursement mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D35606</b> Date of Disbursement 08 / 27 / 2006 Amount of Each Disbursement this Period 38.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3907.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 80 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Kimberly Coleman</b>		<b>Transaction ID: D36733</b> Date of Disbursement 09 / 03 / 2006
Mailing Address 642 South Kenwood Avenue		Amount of Each Disbursement this Period 84.49
City Baltimore State MD Zip Code 21224	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for office supplies Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID: D39717</b> Date of Disbursement 09 / 03 / 2006
Mailing Address 1504 Reisterstown Rd.		Amount of Each Disbursement this Period 84.49
City Pikesville State MD Zip Code 21208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lisa Nissley</b>		<b>Transaction ID: D36850</b> Date of Disbursement 09 / 08 / 2006
Mailing Address 10649 Faulkner Ridge Rd.		Amount of Each Disbursement this Period 345.63
City Columbia State MD Zip Code 21044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Verizon cell phone reimbursement Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>430.12</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Transaction ID: D39720 Date of Disbursement 09 / 08 / 2006
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 345.63
City Worcester State MA Zip Code 01615-0023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement cell phone bill Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lisa Nissley</b>		Transaction ID: D37138 Date of Disbursement 09 / 12 / 2006
Mailing Address 10649 Faulkner Ridge Rd.		Amount of Each Disbursement this Period 440.00
City Columbia State MD Zip Code 21044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for printing charges Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Michael Coscia</b>		Transaction ID: D39721 Date of Disbursement 09 / 12 / 2006
Mailing Address PO Box 15084 304 12th Street, SE		Amount of Each Disbursement this Period 440.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement printing Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	440.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: (check only one)

PAGE 82 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

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

Mailing Address 642 South Kenwood Avenue

City Baltimore State MD Zip Code 21224

Purpose of Disbursement  
cingular cell phone reimbursment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D37143

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	6

Amount of Each Disbursement this Period

489.73
--------

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

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

Mailing Address P.O. Box 17356

City Baltimore State MD Zip Code 21297

Purpose of Disbursement  
cell phone bill

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D39716

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	6

Amount of Each Disbursement this Period

489.73
--------

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

**[MEMO ITEM]**

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

489.73
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**TOTAL** This Period (last page this line number only) .....

90723.40
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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Dr. Steven J. Berlin</b>		<b>Transaction ID: D37696</b> Date of Disbursement 09 / 20 / 2006
Mailing Address 12407 Dover Rd		Amount of Each Disbursement this Period 950.00
City Reisterstown State MP Zip Code 21136-5607	Purpose of Disbursement refund of general election contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Ms. Barbara Denrich</b>		<b>Transaction ID: D37699</b> Date of Disbursement 09 / 20 / 2006
Mailing Address 2407 Velvet Valley Way		Amount of Each Disbursement this Period 250.00
City Owings Mills State MD Zip Code 21117-3035	Purpose of Disbursement refund of general election contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Dr. Craig Johnson</b>		<b>Transaction ID: D37697</b> Date of Disbursement 09 / 20 / 2006
Mailing Address 12115 Faulkner Dr.		Amount of Each Disbursement this Period 900.00
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement refund of general election contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Nathan Landow		<b>Transaction ID:</b> D37693 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 4710 Bethesda Ave		Amount of Each Disbursement this Period 1400.00
City State Zip Code Bethesda MD 20814-5213	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement refund of general election contribution		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Steven L. Snyder		<b>Transaction ID:</b> D37770 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 3 Anton North		Amount of Each Disbursement this Period 400.00
City State Zip Code Baltimore MD 21208-1746	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement refund of general election contribution		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>C.</b> Full Name (Last, First, Middle Initial) Snyder, Slutkin, and Snyder		<b>Transaction ID:</b> D37700 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1829 Reisterstown Road		Amount of Each Disbursement this Period 400.00
City State Zip Code Baltimore MD 21208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement refund of general election contribution		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

PAGE 85 / 93

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

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NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Beverly Weinman</b>		<b>Transaction ID: D37695</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 3521 Old Court Rd		Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21208	Purpose of Disbursement refund of general election contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Morris Weinman</b>		<b>Transaction ID: D37694</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 3521 Old Court Rd		Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21208-3124	Purpose of Disbursement refund of general election contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

4200.00

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

8100.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 93

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

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

NAME OF COMMITTEE (In Full)  
Paula Hollinger for Congress

Full Name (Last, First, Middle Initial)

**A.** National Association of Social Workers, Inc

Mailing Address 750 First Street, N.E.  
Suite 700

City Washington State DC Zip Code 20002

Purpose of Disbursement  
refund of general election contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D37698

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

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

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

5000.00

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

5000.00

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Paula Hollinger for Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ADP Easypay Chesapeake			Nature of Debt (Purpose): state and federal payroll taxes
Mailing Address 8094 Sandpiper Circle			
City State ZIP Code Baltimore MD 21236			

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: D50168	
Amount Incurred This Period <input type="text" value="530.68"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="530.68"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ADP Easypay Chesapeake			Nature of Debt (Purpose): payroll processing fee
Mailing Address 8094 Sandpiper Circle			
City State ZIP Code Baltimore MD 21236			

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: D50170	
Amount Incurred This Period <input type="text" value="43.34"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="43.34"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ADP Easypay Chesapeake			Nature of Debt (Purpose): year end payroll processing
Mailing Address 8094 Sandpiper Circle			
City State ZIP Code Baltimore MD 21236			

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: D50187	
Amount Incurred This Period <input type="text" value="85.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="85.50"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="659.52"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 88 / 93
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Paula Hollinger for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Authorize.Net	Nature of Debt (Purpose): merchant service fee
Mailing Address 915 South 500 East Suite 200	
City State ZIP Code American Fork UT 84003	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: D50210</b>	
Amount Incurred This Period <input type="text" value="11.20"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11.20"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank of America	Nature of Debt (Purpose): bank fees
Mailing Address 1501 Pennsylvania Ave. NW	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: D39723</b>	
Amount Incurred This Period <input type="text" value="72.56"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="72.56"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank of America	Nature of Debt (Purpose): service charge
Mailing Address 1501 Pennsylvania Ave. NW	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: D50207</b>	
Amount Incurred This Period <input type="text" value="37.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="37.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="120.76"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>



**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER:  
 (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Paula Hollinger for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor BB&T	Nature of Debt (Purpose): service charge
Mailing Address 44 Sudbrook Lane	
City State ZIP Code Baltimore MD 21208	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50178</b>	
Amount Incurred This Period 103.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 103.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Brian Bailey	Nature of Debt (Purpose): reimbursement for office supplies
Mailing Address 109 Ridge Ave	
City State ZIP Code Lansdowne MD 21227	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50161</b>	
Amount Incurred This Period 75.79	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.79

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cingular Wireless	Nature of Debt (Purpose): cell phone bill
Mailing Address P.O. Box 17356	
City State ZIP Code Baltimore MD 21297	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50158</b>	
Amount Incurred This Period 1686.14	Payment This Period 0.00	Outstanding Balance at Close of This Period 1686.14

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>1864.93</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
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NAME OF COMMITTEE (In Full)  
 Paula Hollinger for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Discover Network	Nature of Debt (Purpose): merchant service fee
Mailing Address P.O. Box 3015	
City State ZIP Code New Albany OH 43054	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50180</b>	
Amount Incurred This Period 51.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 51.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Discover Network	Nature of Debt (Purpose): merchant service fee
Mailing Address P.O. Box 3015	
City State ZIP Code New Albany OH 43054	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50181</b>	
Amount Incurred This Period 33.45	Payment This Period 0.00	Outstanding Balance at Close of This Period 33.45

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Dr. Martin Lang	Nature of Debt (Purpose): Rent
Mailing Address 12185 Woodford Drive	
City State ZIP Code Marriottsville MD 21104	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50160</b>	
Amount Incurred This Period 700.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 700.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>784.45</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Paula Hollinger for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor HC Services	Nature of Debt (Purpose): printed materials- tshirt- s, visors
Mailing Address 55 Raisin Tree Circle	
City State ZIP Code Pikesville MD 21208	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50164</b>	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Hon. Paula C. Hollinger	Nature of Debt (Purpose): reimbursement for ad purch- hase
Mailing Address 55 Raisin Tree Circle	
City State ZIP Code Baltimore MD 21208	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50162</b>	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor IWIF Workers' Comp Insurance	Nature of Debt (Purpose): worker's compensation pre- mium
Mailing Address c/o Bruce Gru Insurance 117 Church Lane	
City State ZIP Code Cockeysville MD 21030	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50183</b>	
Amount Incurred This Period 189.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 189.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>2189.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Paula Hollinger for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Kimberly Coleman	Nature of Debt (Purpose): salary
Mailing Address 642 South Kenwood Avenue	
City State ZIP Code Baltimore MD 21224	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50166</b>	
Amount Incurred This Period 1137.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 1137.90

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Kimberly Coleman	Nature of Debt (Purpose): health insurance stipend
Mailing Address 642 South Kenwood Avenue	
City State ZIP Code Baltimore MD 21224	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50172</b>	
Amount Incurred This Period 309.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 309.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Kimberly Coleman	Nature of Debt (Purpose): stipend
Mailing Address 642 South Kenwood Avenue	
City State ZIP Code Baltimore MD 21224	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D50185</b>	
Amount Incurred This Period 410.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 410.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>1856.90</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Paula Hollinger for Congress

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Main Street Communications

Nature of Debt (Purpose):  
 media buy

Mailing Address 2131 S St. NW

City State ZIP Code  
 Washington DC 20008

Outstanding Balance Beginning This Period	<b>Transaction ID: D50174</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1000.00	0.00	1000.00

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

Nature of Debt (Purpose):  
 software rental

Mailing Address 5505 Connecticut Ave, NW  
 #277

City State ZIP Code  
 Washington DC 20015

Outstanding Balance Beginning This Period	<b>Transaction ID: D50186</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1950.00	0.00	1950.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Verizon

Nature of Debt (Purpose):  
 phone/dsl service

Mailing Address P.O. Box 17577

City State ZIP Code  
 Baltimore MD 21297

Outstanding Balance Beginning This Period	<b>Transaction ID: D50176</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
59.22	0.00	59.22

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>3009.22</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	<b>10484.78</b>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	