

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
Andrew Duck for Congress

ADDRESS (number and street) P.O. Box 462
 Check if different than previously reported. (ACC)
Myersville MD 21773

2. **FEC IDENTIFICATION NUMBER** C00412007
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MD 06

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 01 01 2006 through 03 31 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 Ms Tammy Ann Mangan

Signature of Treasurer Electronically Filed by Ms Tammy Ann Mangan Date 06 30 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

Andrew Duck for Congress

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	21631.59	46017.87
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21631.59	46017.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	15556.45	40274.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15556.45	40274.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11742.90	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	6000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Andrew Duck for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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).....

12743.16

22968.72

(ii) Unitemized.....

6288.43

17590.55

(iii) TOTAL of contributions

19031.59

40559.27

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

2600.00

2850.00

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

0.00

2608.60

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

21631.59

46017.87

(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

6000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

6000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

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)..... ▶

21631.59

52017.87

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15556.45	40274.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15556.45	40274.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5667.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	21631.59
25. SUBTOTAL (add Line 23 and Line 24).....	27299.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15556.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11742.90

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 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial)
Mr. John W. Beckley

Mailing Address 16818 Falls Road

City State Zip Code
Upperco MD 21155

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

Name of Employer Occupation
Fowley & Beckley PA Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2006

Transaction ID: SA11A1.4823

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Carl Belt

Mailing Address 13119 Quarry Ridge Road SW

City State Zip Code
Cumberland MD 21502

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

Name of Employer Occupation
President Carl Belt Inc.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2006

Transaction ID: SA11A1.4855

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Joy R. Brees-Chaney

Mailing Address 3813 Trego Road

City State Zip Code
Keedysville MD 21756

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2006

Transaction ID: SA11A1.5113

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Joy R. Brees-Chaney

Mailing Address 3813 Trego Road

City Keedysville State MD Zip Code 21756

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: SA11A1.5041

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Michael B. Chonko

Mailing Address 11306 Creek Road, S.E.

City Cumberland State MD Zip Code 21502

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: SA11A1.4810

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Helen Ann Clark

Mailing Address 10703 Easterday Road

City Myersville State MD Zip Code 21773

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.4898

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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 7 / 36
	<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)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Ms. Helen Ann Clark		Date of Receipt M M / D D / Y Y Y Y Y 03 / 18 / 2006	
Mailing Address 10703 Easterday Road		Transaction ID: SA11A1.4942	
City Myersville	State MD	Zip Code 21773	Amount of Each Receipt this Period 7.28
FEC ID number of contributing federal political committee. C		In-kind - Business reply envelopes <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 422.28			

Full Name (Last, First, Middle Initial) B. Ms. Helen Ann Clark		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2006	
Mailing Address 10703 Easterday Road		Transaction ID: SA11A1.5141	
City Myersville	State MD	Zip Code 21773	Amount of Each Receipt this Period 12.48
FEC ID number of contributing federal political committee. C		In-kind - postage due BRM <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 434.76			

Full Name (Last, First, Middle Initial) C. Ms. Helen Ann Clark		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006	
Mailing Address 10703 Easterday Road		Transaction ID: SA11A1.5027	
City Myersville	State MD	Zip Code 21773	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		Cash contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 494.76			

SUBTOTAL of Receipts This Page (optional) ▶	79.76
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 8 / 36
	<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)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Ms. Bonita Currey		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6		
Mailing Address 104 E. Main Street		Transaction ID: SA11A1.5147		
City State Zip Code Middletown MD 21769	Amount of Each Receipt this Period 14.95		In-kind - Lunch <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. C				
Name of Employer Self-employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Tea House Operator Election Cycle-to-Date ▼ 302.01			

Full Name (Last, First, Middle Initial) B. Ms. Bonita Currey		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6		
Mailing Address 104 E. Main Street		Transaction ID: SA11A1.5149		
City State Zip Code Middletown MD 21769	Amount of Each Receipt this Period 23.70		In-kind - photo enlargements <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. C				
Name of Employer Self-employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Tea House Operator Election Cycle-to-Date ▼ 325.71			

Full Name (Last, First, Middle Initial) C. Ms. Bonita Currey		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6		
Mailing Address 104 E. Main Street		Transaction ID: SA11A1.4917		
City State Zip Code Middletown MD 21769	Amount of Each Receipt this Period 181.12		In-kind - Printer Toner <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. C				
Name of Employer Self-employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Tea House Operator Election Cycle-to-Date ▼ 506.83			

SUBTOTAL of Receipts This Page (optional) ▶	219.77
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 9 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial) Ms. Bonita Currey Mailing Address 104 E. Main Street City Middletown State MD Zip Code 21769 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5151 Amount of Each Receipt this Period <table border="1"> <tr> <td>19.90</td> </tr> </table> In-kind - article reprints <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	6	19.90
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	6														
19.90																							
Name of Employer Self-employed Occupation Tea House Operator Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <table border="1"> <tr> <td>526.73</td> </tr> </table>	526.73																				
526.73																							

B. Full Name (Last, First, Middle Initial) Ms. Bonita Currey Mailing Address 104 E. Main Street City Middletown State MD Zip Code 21769 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5161 Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table> In-kind - ink cartridges <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	6	200.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	6														
200.00																							
Name of Employer Self-employed Occupation Tea House Operator Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <table border="1"> <tr> <td>726.73</td> </tr> </table>	726.73																				
726.73																							

C. Full Name (Last, First, Middle Initial) Ms. Bonita Currey Mailing Address 104 E. Main Street City Middletown State MD Zip Code 21769 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5153 Amount of Each Receipt this Period <table border="1"> <tr> <td>9.98</td> </tr> </table> In-kind - Softdrinks <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	6	9.98
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	7		2	0	0	6														
9.98																							
Name of Employer Self-employed Occupation Tea House Operator Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <table border="1"> <tr> <td>736.71</td> </tr> </table>	736.71																				
736.71																							

SUBTOTAL of Receipts This Page (optional)	229.88
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 10 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial) Ms. Bonita Currey Mailing Address 104 E. Main Street City Middletown State MD Zip Code 21769 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5155 Amount of Each Receipt this Period <table border="1"> <tr> <td>14.76</td> </tr> </table> In-kind - makeup for photo shoot <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	6	14.76
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	7		2	0	0	6														
14.76																							
Name of Employer Self-employed Occupation Tea House Operator Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>751.47</td> </tr> </table>	751.47																				
751.47																							

B. Full Name (Last, First, Middle Initial) Ms. Bonita Currey Mailing Address 104 E. Main Street City Middletown State MD Zip Code 21769 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5157 Amount of Each Receipt this Period <table border="1"> <tr> <td>11.36</td> </tr> </table> In-kind - copies from Kin-kos <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	6	11.36
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	6														
11.36																							
Name of Employer Self-employed Occupation Tea House Operator Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>762.83</td> </tr> </table>	762.83																				
762.83																							

C. Full Name (Last, First, Middle Initial) Ms. Bonita Currey Mailing Address 104 E. Main Street City Middletown State MD Zip Code 21769 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5159 Amount of Each Receipt this Period <table border="1"> <tr> <td>39.00</td> </tr> </table> In-kind - stamps <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	6	39.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	2		2	0	0	6														
39.00																							
Name of Employer Self-employed Occupation Tea House Operator Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>801.83</td> </tr> </table>	801.83																				
801.83																							

SUBTOTAL of Receipts This Page (optional)	65.12
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 11 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Bonita Currey

Mailing Address 104 E. Main Street

City Middletown State MD Zip Code 21769

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

Name of Employer Self-employed Occupation Tea House Operator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 843.29

Date of Receipt
MM / DD / YYYY
03 / 29 / 2006

Transaction ID: SA11A1.5143

Amount of Each Receipt this Period
41.46

In-kind - food for meeting

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

B. Full Name (Last, First, Middle Initial)
Mr. Russell Currey

Mailing Address 104 E. Main Street

City Middletown State MD Zip Code 21769

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

Name of Employer Self-employed Occupation Artist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 382.36

Date of Receipt
MM / DD / YYYY
03 / 12 / 2006

Transaction ID: SA11A1.4958

Amount of Each Receipt this Period
100.00

cash contribution

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

C. Full Name (Last, First, Middle Initial)
Ms. Jennifer P. Dougherty

Mailing Address 611 Magnolia Avenue

City Frederick State MD Zip Code 21701

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

Name of Employer Self-employed Occupation Restaurant Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: SA11A1.4794

Amount of Each Receipt this Period
250.00

Cash contribution

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

SUBTOTAL of Receipts This Page (optional) ▶ **391.46**

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 12 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Andrew James Duck

Mailing Address 216 N. Delaware Avenue

City State Zip Code
Brunswick MD 21716

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

Name of Employer Occupation
Northrup Grumman Analyst

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 9558.95

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

Transaction ID: SA11A1.5181

Amount of Each Receipt this Period
9.17

In-kind - Donuts for staff meeting
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ms. Patricia D. Duck

Mailing Address 433 San Francisco Street

City State Zip Code
Oakland MD 21550

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

Name of Employer Occupation
Self-employed Transcription

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
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5083

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Timothy J. Duck

Mailing Address 433 San Francisco Street

City State Zip Code
Oakland MD 21550

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

Name of Employer Occupation
Self-employed Insurance agent

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 518.00

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

Transaction ID: SA11A1.4864

Amount of Each Receipt this Period
458.00

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

SUBTOTAL of Receipts This Page (optional)	▶	567.17
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 13 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Whitney Duck

Mailing Address 216 N. Delaware Avenue

City Brunswick State MD Zip Code 21716

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

Name of Employer N/A Occupation Student

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 311.22

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 21 / 2006

Transaction ID: SA11A1.5178

Amount of Each Receipt this Period
 126.22

In-kind - Rubber Ducks

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

B. Full Name (Last, First, Middle Initial)
Ms. Mary C. Headridge

Mailing Address 753 Gist Road

City Westminster State MD Zip Code 21157

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

Name of Employer N/A Occupation Retired

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
 02 / 19 / 2006

Transaction ID: SA11A1.4847

Amount of Each Receipt this Period
 2100.00

Cash contribution

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

C. Full Name (Last, First, Middle Initial)
Mr. Jason Herman

Mailing Address 6308 Iverson Terrace N.

City Frederick State MD Zip Code 21701

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

Name of Employer Nachas, Inc. Occupation CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2006

Transaction ID: SA11A1.4994

Amount of Each Receipt this Period
 1000.00

Cash contribution

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

SUBTOTAL of Receipts This Page (optional)	▶	3226.22
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 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial)
Anne Hoke, Esq.

Mailing Address 10 E. Baltimore Street
Suite 901

City Baltimore State MD Zip Code 21202

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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11A1.5002

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Doug Hughes

Mailing Address 13220 Glendale Drive

City Hagerstown State MD Zip Code 21742

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

Name of Employer Global Crossing Occupation Principle Systems Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 601.97

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.5043

Amount of Each Receipt this Period
9.45

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

C. Full Name (Last, First, Middle Initial)
Mr. Doug Hughes

Mailing Address 13220 Glendale Drive

City Hagerstown State MD Zip Code 21742

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

Name of Employer Global Crossing Occupation Principle Systems Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 651.36

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.5107

Amount of Each Receipt this Period
49.39

In-kind - Soda, party platter
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2058.84
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 15 / 36
	<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)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Mr. Doug Hughes		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2006	
Mailing Address 13220 Glendale Drive		Transaction ID: SA11A1.5006	
City State Zip Code Hagerstown MD 21742	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Cash contribution	
Name of Employer Global Crossing	Occupation Principle Systems Engineer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 901.36		

Full Name (Last, First, Middle Initial) B. Mr. Doug Hughes		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2006	
Mailing Address 13220 Glendale Drive		Transaction ID: SA11A1.5145	
City State Zip Code Hagerstown MD 21742	Amount of Each Receipt this Period 24.96		
FEC ID number of contributing federal political committee. C		In-kind - Pizza for fundraiser	
Name of Employer Global Crossing	Occupation Principle Systems Engineer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 926.32		

Full Name (Last, First, Middle Initial) C. Mr. Theodore T. Jensen		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 11057 Bennie Duncan Road		Transaction ID: SA11A1.4912	
City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Cash contribution	
Name of Employer	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 440.00		

SUBTOTAL of Receipts This Page (optional) ▶	374.96
TOTAL 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 16 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial) Mr. John P. Lambertson		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 15 East Third Street		Transaction ID: SA11A1.5104	
City State Zip Code Frederick MD 21701		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Cash contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Ms Tammy Ann Mangan		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006	
Mailing Address 10703 Easterday Road		Transaction ID: SA11A1.4940	
City State Zip Code Myersville MD 21773		Amount of Each Receipt this Period 16.98	
FEC ID number of contributing federal political committee. C		In-kind - Box of Envelopes <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sterne, Kessler, Goldstein & F Occupation Marketing Manager			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 538.84	

C. Full Name (Last, First, Middle Initial) Ms Tammy Ann Mangan		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2006	
Mailing Address 10703 Easterday Road		Transaction ID: SA11A1.5105	
City State Zip Code Myersville MD 21773		Amount of Each Receipt this Period 13.00	
FEC ID number of contributing federal political committee. C		In-kind - postage/business reply <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sterne, Kessler, Goldstein & F Occupation Marketing Manager			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 551.84	

SUBTOTAL of Receipts This Page (optional) ▶	129.98
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 17 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Joan S. McKee

Mailing Address 142 West Broadway
P.O. Box 326

City State Zip Code
Union Bridge MD 21791

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2006

Transaction ID: SA11A1.4913

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Ms Karen Clark McManus

Mailing Address 3505 Cummings Lane

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Van Hollen Congressional Staff Occupation Constituent Services

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: SA11A1.4931

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Barbara L. Rickman

Mailing Address 201 Crestview Court

City State Zip Code
Frederick MD 21702

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: SA11A1.5103

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 36
	<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Victor A. Soltero, Jr.

Mailing Address 7011 Fox Chase Road

City State Zip Code
New Market MD 21774

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

Name of Employer Occupation
NG Corp Software Engineer

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

Date of Receipt
MM / DD / YYYY
03 / 12 / 2006

Transaction ID: SA11A1.4957

Amount of Each Receipt this Period
200.00

cash contribution

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

B. Full Name (Last, First, Middle Initial)
Mr. David J. Trone

Mailing Address 11417 Skipwith Lane

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Retail Services & Systems, Inc President

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

Date of Receipt
MM / DD / YYYY
01 / 18 / 2006

Transaction ID: SA11A1.4815

Amount of Each Receipt this Period
2100.00

Cash contribution

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

C. Full Name (Last, First, Middle Initial)
Mr. Wayne L. Zimmerman

Mailing Address 12405 Henry Road S.W.

City State Zip Code
Lavale MD 21502

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

Name of Employer Occupation
Self-employed Accountant

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

Date of Receipt
MM / DD / YYYY
01 / 14 / 2006

Transaction ID: SA11A1.4842

Amount of Each Receipt this Period
500.00

Cash contribution

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

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	12743.16

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 36
	(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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial)
Carpenters Local 1024 P.A.C.

Mailing Address 327 N. Centre Street

City State Zip Code
Cumberland MD 21502

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
MM / DD / YYYY
03 / 10 / 2006

Transaction ID: SA11C.4955

Amount of Each Receipt this Period
500.00

cash contribution

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

B. Full Name (Last, First, Middle Initial)
IRAQ AND AFGHANISTAN VETERANS OF AMERICA POLITICAL ACTION COMMITTEE INC

Mailing Address 770 BROAD WAY (2ND FLOOR)

City State Zip Code
NEW YORK NY 10003

FEC ID number of contributing federal political committee. **C** C00418897

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2006

Transaction ID: SA11C.5013

Amount of Each Receipt this Period
2100.00

Cash contribution

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

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	2600.00

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)

<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)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Buy Best		Transaction ID: SB17.4889 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 7300 Guilford Drive		Amount of Each Disbursement this Period 629.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Frederick State MD Zip Code 21704	Purpose of Disbursement Computer Candidate Name Category/Type 001	
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. Carroll County Democratic Central Committee		Transaction ID: SB17.4877 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 2704 Appleseed Road		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Finksburg State MD Zip Code 21048	Purpose of Disbursement Ad - JJ Dinner program Candidate Name Category/Type 004	
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) C. Carroll County Democratic Central Committee		Transaction ID: SB17.4883 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 2704 Appleseed Road		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Finksburg State MD Zip Code 21048	Purpose of Disbursement JJ Dinner tickets Candidate Name Category/Type 001	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	979.97
TOTAL 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)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Carroll County Democratic Central Committee		Transaction ID: SB17.4884 Date of Disbursement 01 / 17 / 2006
Mailing Address 2704 Appleseed Road		Amount of Each Disbursement this Period 50.00
City Finksburg State MD Zip Code 21048	Purpose of Disbursement Balance - JJ Dinner Ad 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. Lightwave Communications		Transaction ID: SB17.4895 Date of Disbursement 02 / 22 / 2006
Mailing Address P.O. Box 404399		Amount of Each Disbursement this Period 380.64
City Atlanta State GA Zip Code 30384	Purpose of Disbursement Telephone service & install 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) C. Lightwave Communications		Transaction ID: SB17.5134 Date of Disbursement 03 / 18 / 2006
Mailing Address P.O. Box 404399		Amount of Each Disbursement this Period 213.92
City Atlanta State GA Zip Code 30384	Purpose of Disbursement Phone service 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) ▶	644.56
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Ms. Bonita Currey		Transaction ID: SB17.5148 Date of Disbursement 02 / 25 / 2006	
Mailing Address 104 E. Main Street		Amount of Each Disbursement this Period 14.95	
City Middletown State MD Zip Code 21769	Purpose of Disbursement In-kind - Lunch	<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. Ms. Bonita Currey		Transaction ID: SB17.5150 Date of Disbursement 03 / 01 / 2006	
Mailing Address 104 E. Main Street		Amount of Each Disbursement this Period 23.70	
City Middletown State MD Zip Code 21769	Purpose of Disbursement In-kind - photo enlargements	<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) C. Ms. Bonita Currey		Transaction ID: SB17.4918 Date of Disbursement 03 / 09 / 2006	
Mailing Address 104 E. Main Street		Amount of Each Disbursement this Period 181.12	
City Middletown State MD Zip Code 21769	Purpose of Disbursement In-kind - Printer Toner	<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	

SUBTOTAL of Disbursements This Page (optional) ▶	219.77
TOTAL 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)

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<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)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Ms. Bonita Currey		Transaction ID: SB17.5152 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 104 E. Main Street		Amount of Each Disbursement this Period 19.90
City Middletown State MD Zip Code 21769	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - article reprints		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. Ms. Bonita Currey		Transaction ID: SB17.5163 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 104 E. Main Street		Amount of Each Disbursement this Period 200.00
City Middletown State MD Zip Code 21769	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - ink cartridges		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) C. Ms. Bonita Currey		Transaction ID: SB17.5154 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 104 E. Main Street		Amount of Each Disbursement this Period 9.98
City Middletown State MD Zip Code 21769	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Softdrinks		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:		

SUBTOTAL of Disbursements This Page (optional) ▶	229.88
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Ms. Bonita Currey		Transaction ID: SB17.5156 Date of Disbursement 03 / 17 / 2006	
Mailing Address 104 E. Main Street		Amount of Each Disbursement this Period 14.76	
City Middletown State MD Zip Code 21769	Purpose of Disbursement In-kind - makeup for photo shoot	<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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Ms. Bonita Currey		Transaction ID: SB17.5158 Date of Disbursement 03 / 21 / 2006	
Mailing Address 104 E. Main Street		Amount of Each Disbursement this Period 11.36	
City Middletown State MD Zip Code 21769	Purpose of Disbursement In-kind - copies from Kinkos	<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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Ms. Bonita Currey		Transaction ID: SB17.5160 Date of Disbursement 03 / 22 / 2006	
Mailing Address 104 E. Main Street		Amount of Each Disbursement this Period 39.00	
City Middletown State MD Zip Code 21769	Purpose of Disbursement In-kind - stamps	<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) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	65.12
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Ms. Bonita Currey		Transaction ID: SB17.5144 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6	
Mailing Address 104 E. Main Street		Amount of Each Disbursement this Period 41.46	
City Middletown State MD Zip Code 21769	Purpose of Disbursement In-kind - food for meeting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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. Maryland Democratic Party		Transaction ID: SB17.4887 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 188 Main Street Suite 1		Amount of Each Disbursement this Period 500.00	
City Annapolis State MD Zip Code 21401	Purpose of Disbursement Voter file	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
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) C. Mr. Andrew James Duck		Transaction ID: SB17.5182 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6	
Mailing Address 216 N. Delaware Avenue		Amount of Each Disbursement this Period 9.17	
City Brunswick State MD Zip Code 21716	Purpose of Disbursement In-kind - Donuts for staff meeting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	550.63
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Andrew Duck for Congress

A. Mr. Timothy J. Duck Full Name (Last, First, Middle Initial) Mailing Address 433 San Francisco Street City Oakland State MD Zip Code 21550 Purpose of Disbursement In-kind - Office space 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) ▼		Transaction ID: SB17.4865 Date of Disbursement 02 / 01 / 2006 Amount of Each Disbursement this Period 458.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Mrs. Whitney Duck Full Name (Last, First, Middle Initial) Mailing Address 216 N. Delaware Avenue City Brunswick State MD Zip Code 21716 Purpose of Disbursement In-kind - Rubber Ducks 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) ▼		Transaction ID: SB17.5179 Date of Disbursement 03 / 21 / 2006 Amount of Each Disbursement this Period 126.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Ms. Diane L. Fink Full Name (Last, First, Middle Initial) Mailing Address 11025 Graymarsh Place City Ijamsville State MD Zip Code 21754 Purpose of Disbursement Reimburse for office supplies, postage 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) ▼		Transaction ID: SB17.4872 Date of Disbursement 02 / 24 / 2006 Amount of Each Disbursement this Period 254.75 <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) ▶	838.97
TOTAL 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)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Ms. Diane L. Fink		Transaction ID: SB17.4901 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 6
Mailing Address 11025 Graymarsh Place		Amount of Each Disbursement this Period 445.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ijamsville State MD Zip Code 21754	001 Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Ms. Diane L. Fink		Transaction ID: SB17.5132 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 6
Mailing Address 11025 Graymarsh Place		Amount of Each Disbursement this Period 156.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ijamsville State MD Zip Code 21754	001 Category/Type	
Purpose of Disbursement Reimbursement for postage 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) C. Ms. Diane L. Fink		Transaction ID: SB17.5139 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 11025 Graymarsh Place		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ijamsville State MD Zip Code 21754	003 Category/Type	
Purpose of Disbursement Pavillion deposit 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	751.65
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Mr. Doug Hughes		Transaction ID: SB17.5044 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 13220 Glendale Drive		Amount of Each Disbursement this Period 9.45
City Hagerstown State MD Zip Code 21742	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Plates/Candy	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. Mr. Doug Hughes		Transaction ID: SB17.5108 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 13220 Glendale Drive		Amount of Each Disbursement this Period 49.39
City Hagerstown State MD Zip Code 21742	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Soda, party platter	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) C. Mr. Doug Hughes		Transaction ID: SB17.5146 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 13220 Glendale Drive		Amount of Each Disbursement this Period 24.96
City Hagerstown State MD Zip Code 21742	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Pizza for fundraiser	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	83.80
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)

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<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)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Paychex Inc.		Transaction ID: SB17.5176 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 700 Red Brook Blvd. Suite 200		Amount of Each Disbursement this Period 3322.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Payroll Candidate Name	Category/Type 001	
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. Ms Tammy Ann Mangan		Transaction ID: SB17.4941 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6
Mailing Address 10703 Easterday Road		Amount of Each Disbursement this Period 16.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Myersville State MD Zip Code 21773		
Purpose of Disbursement In-kind - Box of Envelopes 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) C. Ms Tammy Ann Mangan		Transaction ID: SB17.5106 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 10703 Easterday Road		Amount of Each Disbursement this Period 13.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Myersville State MD Zip Code 21773		
Purpose of Disbursement In-kind - postage/business reply 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3352.48
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Frederick County NAACP		Transaction ID: SB17.5131 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 4 East Church Street		Amount of Each Disbursement this Period 140.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Frederick State MD Zip Code 21701	Purpose of Disbursement Event tickets 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 003

Full Name (Last, First, Middle Initial) B. Mr. Adam Schultz		Transaction ID: SB17.4876 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 21 Howard Street Apt. 3		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Thurmont State MD Zip Code 21788	Purpose of Disbursement Consulting 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) ▼	Category/ Type 001

Full Name (Last, First, Middle Initial) C. Mr. Adam Schultz		Transaction ID: SB17.4881 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 21 Howard Street Apt. 3		Amount of Each Disbursement this Period 179.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Thurmont State MD Zip Code 21788	Purpose of Disbursement Reimburse phone expenses 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 001

SUBTOTAL of Disbursements This Page (optional) ▶	2319.74
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. Mr. Adam Schultz		Transaction ID: SB17.4886 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6
Mailing Address 21 Howard Street Apt. 3		Amount of Each Disbursement this Period 2500.00
City Thurmont State MD Zip Code 21788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting fee	Candidate Name	001 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. Mr. Adam Schultz		Transaction ID: SB17.4897 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 21 Howard Street Apt. 3		Amount of Each Disbursement this Period 90.54
City Thurmont State MD Zip Code 21788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement office supplies	Candidate Name	001 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) C. Mr. Adam Schultz		Transaction ID: SB17.4875 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 21 Howard Street Apt. 3		Amount of Each Disbursement this Period 236.60
City Thurmont State MD Zip Code 21788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for software	Candidate Name	001 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2827.14
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial) Mr. Adam Schultz		Transaction ID: SB17.5125 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 21 Howard Street Apt. 3		Amount of Each Disbursement this Period 192.76
City Thurmont State MD Zip Code 21788	<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 001	
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. Full Name (Last, First, Middle Initial) Mr. Adam Schultz		Transaction ID: SB17.5133 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 21 Howard Street Apt. 3		Amount of Each Disbursement this Period 387.22
City Thurmont State MD Zip Code 21788	<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 001	
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) ▼	

C. Full Name (Last, First, Middle Initial) Mr. Adam Schultz		Transaction ID: SB17.5136 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 21 Howard Street Apt. 3		Amount of Each Disbursement this Period 81.89
City Thurmont State MD Zip Code 21788	<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 001	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	661.87
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.4885 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 1 Wolfsville Road		Amount of Each Disbursement this Period 47.00
City Myersville State MD Zip Code 21773	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Stamps Candidate Name	001 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. United States Postal Service		Transaction ID: SB17.4891 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6
Mailing Address 1 Wolfsville Road		Amount of Each Disbursement this Period 160.00
City Myersville State MD Zip Code 21773	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Business Reply Mail set up Candidate Name	001 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) C. United States Postal Service		Transaction ID: SB17.5127 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 1 Wolfsville Road		Amount of Each Disbursement this Period 390.00
City Myersville State MD Zip Code 21773	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	001 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	597.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Andrew Duck for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.5135 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 1 Wolfsville Road		Amount of Each Disbursement this Period 40.04
City Myersville State MD Zip Code 21773	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Business reply mail Candidate Name	Category/Type 001	
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. United States Postal Service		Transaction ID: SB17.5138 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1 Wolfsville Road		Amount of Each Disbursement this Period 42.12
City Myersville State MD Zip Code 21773	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 001	
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) C. Democratic Caucus Western Maryland		Transaction ID: SB17.5137 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address c/o 148 N. Mechanic Street		Amount of Each Disbursement this Period 75.00
City Cumberland State MD Zip Code 21502	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ticket for Rocky Gap event Candidate Name	Category/Type 001	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	157.16
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 36

<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)
Andrew Duck for Congress

A. Full Name (Last, First, Middle Initial)
Harriet Wise Photography

Mailing Address 242 Dill Avenue

City Frederick State MD Zip Code 21702

Purpose of Disbursement Photographic Services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4844

Date of Disbursement

^M 0	^M 1	/	^D 1	^D 3	/	^Y 2	^Y 0	^Y 0	^Y 6
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Amount of Each Disbursement this Period

600.00

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

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

14879.74

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 36 / 36
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Andrew Duck for Congress

Transaction ID: SC/10.4305

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Andrew James Duck, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 216 N. Delaware Avenue	
City Brunswick State MD ZIP Code 21716	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 13 Y Y Y Y 2005		0 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	6000.00
TOTALS This Period (last page in this line only)	6000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.