

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Goode for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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)).....	52995.00	104451.00
(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)).....	52995.00	104451.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	19221.73	77034.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	382.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19221.73	76651.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	351756.94	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Goode for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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).....

12725.00

31225.00

(ii) Unitemized.....

17570.00

21026.00

(iii) TOTAL of contributions

30295.00

52251.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

22700.00

52200.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

52995.00

104451.00

(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

382.60

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

3114.12

11005.58

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

56109.12

115839.18

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19221.73	77034.39
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.....	8920.00	18070.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	28141.73	95104.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	323789.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	56109.12
25. SUBTOTAL (add Line 23 and Line 24).....	379898.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28141.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	351756.94

**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 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Betty Bailey

Mailing Address 606 Bailey Road

City State Zip Code
Keysville VA 23947

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

Name of Employer Golden Leaf Farms Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26912

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Steven A. Bailey

Mailing Address 341 Fort Mitchell Drive

City State Zip Code
Chase City VA 23924

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

Name of Employer Bailey's Cigarettes Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26913

Amount of Each Receipt this Period
250.00

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

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

Mailing Address P.O. Box 1528

City State Zip Code
Clarksville VI 23927

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

Name of Employer Conrad Enterprises Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26923

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
John Bowman

Mailing Address 3494 Country Club Drive

City State Zip Code
Chase City VA 23924

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

Name of Employer Occupation
Mecklenburg Electric Coop President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2007

Transaction ID: SA11A1.26925

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Mark Bragg

Mailing Address P.O. Box 773

City State Zip Code
South Hill VA 23970

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

Name of Employer Occupation
Atlantic Medical President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2007

Transaction ID: SA11A1.26927

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Paul Cambon

Mailing Address 908 Croton Drive

City State Zip Code
Alexandria VA 22308

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

Name of Employer Occupation
The Livingston Group Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2007

Transaction ID: SA11A1.27142

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
Robert W. Conner

Mailing Address 2042 Armistead Road

City State Zip Code
Nathalie VA 24577

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

Name of Employer Occupation
Halifax County Clerk of Court

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26946

Amount of Each Receipt this Period
250.00

receipt

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

B. Full Name (Last, First, Middle Initial)
Ms Dorothy Day

Mailing Address 4171 Bill Tuck Highway

City State Zip Code
South Boston VA 24592-0759

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

Name of Employer Occupation
Moterplex, Inc. owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26952

Amount of Each Receipt this Period
250.00

receipt

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

C. Full Name (Last, First, Middle Initial)
Mr. H. Benson Dendy, III

Mailing Address 1142 West Avenue

City State Zip Code
Richmond VA 23220-3720

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

Name of Employer Occupation
The Vectre Corporation consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2007

Transaction ID: SA11A1.27143

Amount of Each Receipt this Period
500.00

receipt

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Curtis L. Duffer

Mailing Address 7845 Trottinridge Road

City State Zip Code
Skipwith VA 23968

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

Name of Employer Occupation
Sunrise Shavings Plant Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26955

Amount of Each Receipt this Period
300.00

receipt

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

B. Full Name (Last, First, Middle Initial)
Brig. Gen T.T. Gentry

Mailing Address 815 Garnett Pump Road

City State Zip Code
Charlotte CH VA 23923

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26963

Amount of Each Receipt this Period
500.00

receipt

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

C. Full Name (Last, First, Middle Initial)
Mr. Richard W. Harris

Mailing Address P.O. Box 404

City State Zip Code
Kenbridge VA 23944

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

Name of Employer Occupation
Self-employed Funeral Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26975

Amount of Each Receipt this Period
250.00

receipt

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

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 9 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Jane Hogan

Mailing Address P.O. Box 656

City State Zip Code
Keysville VA 23947

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

Name of Employer Occupation
Ontario Hardwood Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26984

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Catherine E. Hudson

Mailing Address 338 Tobacco Lane

City State Zip Code
South Hill VA 23970

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

Name of Employer Occupation
Self-employed Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26990

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Catherine E. Hudson

Mailing Address 338 Tobacco Lane

City State Zip Code
South Hill VA 23970

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

Name of Employer Occupation
Self-employed Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.26991

Amount of Each Receipt this Period
75.00

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

SUBTOTAL of Receipts This Page (optional) ► **1325.00**

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 10 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Margie H. Hudson

Mailing Address 109 Oak View Drive

City State Zip Code
Clarksville VA 23927

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

Name of Employer
H & H Insurance

Occupation
Secretary

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2007

Transaction ID: SA11A1.26989

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Linwood W. Jennings

Mailing Address 8689 Old Cox Road

City State Zip Code
Chase City VA 23924

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

Name of Employer
JF Leaf, Ltd.

Occupation
Secretary/Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2007

Transaction ID: SA11A1.26992

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Marvin H. Ligon, Jr.

Mailing Address P.O. Box 99

City State Zip Code
Scottsburg VA 24589-0099

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

Name of Employer
elf-employed

Occupation
Tobacco Processor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2007

Transaction ID: SA11A1.27008

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
Hon. Nora J. Miller

Mailing Address P.O. Box 236

City State Zip Code
Boydton VA 23917

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

Name of Employer Commonwealth of Virginia Occupation Commonwealth's Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.27046

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. James M. Moody

Mailing Address 367 Triple C Drive

City State Zip Code
Clarksville VA 23927

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.27017

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Sally G. Morgan

Mailing Address P.O. Box 514

City State Zip Code
Clarksville VA 23927

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

Name of Employer Mecklenburg County Occupation deputy circuit court clerk

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.27023

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
Ms Jan Perkins

Mailing Address 1232 Love Shop Road

City State Zip Code
Halifax VA 24558

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

Name of Employer Occupation
Self-employed Accountant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2007

Transaction ID: SA11A1.27047

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Katherine W. Proffitt

Mailing Address 1379 Busy Bee Road

City State Zip Code
South Hill VA 23970

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

Name of Employer Occupation
Proffitt Lumber Company President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.27050

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Charles F. Simmons

Mailing Address P.O. Box 436

City State Zip Code
Clarksville VA 23927

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

Name of Employer Occupation
Simmons Construction Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11A1.27071

Amount of Each Receipt this Period
250.00

receipt
 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 13 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Robert A. Smith

Mailing Address P.O. Box 845

City State Zip Code
Pittsboro NC 27312

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

Name of Employer Occupation
Grand Springs Water Co. Owner

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.27076

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Norman D. Wagstaff, Jr.

Mailing Address P.O. Box 1227

City State Zip Code
Clarksville VA 23917

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

Name of Employer Occupation
Wagstaff Constrution Inc. President/CEO

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.27093

Amount of Each Receipt this Period
250.00

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

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

Mailing Address P.O. Box 1

City State Zip Code
Charlotte CH VA 23923

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

Name of Employer Occupation
Cornerstone Insurance Insurance Agent

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.27094

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	12725.00

**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 14 / 37
	<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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP. ASSOC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 7
Mailing Address 4301 WILSON BLVD		Transaction ID: SA11C.26902
City ARLINGTON	State VA	Amount of Each Receipt this Period 2000.00
Zip Code 22203		
FEC ID number of contributing federal political committee. C C00002972		pac receipt
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 325 SEVENTH STREET NW SUITE 700		Transaction ID: SA11C.27145
City WASHINGTON	State DC	Amount of Each Receipt this Period 1000.00
Zip Code 20004		
FEC ID number of contributing federal political committee. C C00106146		pac receipt
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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) C. AMVEST CORPORATION POLITICAL ACTION COMMITTEE 'AMVEST PAC'		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Mailing Address ONE BOAR'S HEAD PLACE PO BOX 5347		Transaction ID: SA11C.26901
City CHARLOTTESVILLE	State VA	Amount of Each Receipt this Period 2000.00
Zip Code 22905		
FEC ID number of contributing federal political committee. C C00266551		pac receipt
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
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 15 / 37
	<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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. AREVA COGEMA FRAMATOME ANP POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2007
Mailing Address 4800 HAMPDEN LANE SUITE 1100		Transaction ID: SA11C.27146
City	State	Zip Code
BETHESDA	MD	20814
FEC ID number of contributing federal political committee. C C00395285		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	pac receipt
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. BROWN AND COMPANY INC PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2007
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 304		Transaction ID: SA11C.27148
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee. C C00326405		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	pac receipt
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. BURLINGTON INDUSTRIES GOOD GOVERNMENT COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2007
Mailing Address 3330 WEST FRIENDLY AVENUE		Transaction ID: SA11C.27149
City	State	Zip Code
GREENSBORO	NC	27410
FEC ID number of contributing federal political committee. C C00040238		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	pac receipt
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
BWX TECHNOLOGIES INC POLITICAL ACTION COMMITTEE

Mailing Address 2016 MT ATHOS RD

City State Zip Code
LYNCHBURG VA 24504

FEC ID number of contributing federal political committee. **C** C00365502

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2007

Transaction ID: SA11C.27147

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
ESOP ASSOCIATION PAC

Mailing Address 1726 M STREET, NW SUITE 501

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00196089

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2007

Transaction ID: SA11C.27150

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NW SUITE 900

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2007

Transaction ID: SA11C.26903

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)
 Mailing Address 2941 Fairview Park Drive
Suite 100
 City Falls Church State VA Zip Code 22042
 FEC ID number of contributing federal political committee. **C** C00078451
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 9 / 2 0 0 7
Transaction ID: SA11C.27151
 Amount of Each Receipt this Period
 1000.00
 pac receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE
 Mailing Address 1299 Pennsylvania Ave NW
STE 1100
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00024869
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 4 / 2 0 0 7
Transaction ID: SA11C.27162
 Amount of Each Receipt this Period
 1000.00
 pac receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
GOOD FUND, THE
 Mailing Address PO BOX 3404
 City ALEXANDRIA State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C** C00409185
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 9 / 2 0 0 7
Transaction ID: SA11C.27152
 Amount of Each Receipt this Period
 1000.00
 pac receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
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 / 37
	<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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2007
Mailing Address ONE THOMAS CIRCLE NW SUITE 400		Transaction ID: SA11C.27163
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00032698	pac receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE AKA NCPA		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2007
Mailing Address 205 DAINGERFIELD ROAD		Transaction ID: SA11C.27153
City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00030809	pac receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. NRA POLITICAL VICTORY FUND		Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2007
Mailing Address 11250 WAPLES MILL ROAD		Transaction ID: SA11C.27164
City State Zip Code FAIRFAX VA 22030	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00053553	pac receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
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 19 / 37
	<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)
Goode for Congress

A. Full Name (Last, First, Middle Initial)
REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2007

Transaction ID: SA11C.27134

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
THE TIMKEN COMPANY GOOD GOVERNMENT FUND

Mailing Address 1835 Dueber Avenue S.W.

City State Zip Code
Canton OH 44706

FEC ID number of contributing federal political committee. **C** C00311308

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2007

Transaction ID: SA11C.27154

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE

Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300

City State Zip Code
HOUSTON TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: SA11C.27155

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	22700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 37	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Goode for Congress

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

Mailing Address 101 South Main Street

City State Zip Code
Rocky Mount VA 24151

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
11005.58

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2007

Transaction ID: SA15.27165

Amount of Each Receipt this Period
3114.12

money market interest

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

SUBTOTAL of Receipts This Page (optional)	▶	3114.12
TOTAL This Period (last page this line number only)	▶	3114.12

**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 21 / 37

<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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. AEP		Transaction ID: SB17.26889 Date of Disbursement 09 / 30 / 2007	
Mailing Address P.O. Box 24413		Amount of Each Disbursement this Period 54.07	
City Canton State OH Zip Code 44701	Purpose of Disbursement light bill Candidate Name VIRGIL H. GOODE, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Best Buy #434		Transaction ID: SB17.26776 Date of Disbursement 07 / 15 / 2007	
Mailing Address 4707 Valley View Blvd		Amount of Each Disbursement this Period 159.59	
City Roanoke State VA Zip Code 24012	Purpose of Disbursement computer equipment Candidate Name VIRGIL H. GOODE, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bill Ellis Barbecue		Transaction ID: SB17.26798 Date of Disbursement 08 / 04 / 2007	
Mailing Address P.O. Box 3509		Amount of Each Disbursement this Period 4270.00	
City Wilson State NC Zip Code 27895	Purpose of Disbursement barbecue meal Candidate Name VIRGIL H. GOODE, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	007 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	4483.66
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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Bobby May Advertising Specialities		Transaction ID: SB17.26867 Date of Disbursement 09 / 22 / 2007
Mailing Address HC 60 Box 260		Amount of Each Disbursement this Period 107.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hurley State VA Zip Code 24620	Category/Type 006	
Purpose of Disbursement pins		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cedar Springs		Transaction ID: SB17.26878 Date of Disbursement 09 / 29 / 2007
Mailing Address P.O. Box 1185		Amount of Each Disbursement this Period 531.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rocky Mount State VA Zip Code 24151	Category/Type 007	
Purpose of Disbursement set up at fundraiser event, expenses		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cedar Springs		Transaction ID: SB17.26879 Date of Disbursement 09 / 29 / 2007
Mailing Address P.O. Box 1185		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 Rocky Mount State VA Zip Code 24151	Category/Type 007	
Purpose of Disbursement desserts for event, travel		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	838.73
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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Congressional Convenience		Transaction ID: SB17.26782 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address 404 First Street, SE		Amount of Each Disbursement this Period 234.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement event beverages Candidate Name VIRGIL H. GOODE, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Category/Type 007	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Congressional Convenience		Transaction ID: SB17.26859 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 404 First Street, SE		Amount of Each Disbursement this Period 103.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement beverages Candidate Name VIRGIL H. GOODE, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Category/Type 007	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. Shirley Dallas		Transaction ID: SB17.26845 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address 211 Massey Street		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinsville State VA Zip Code 24112		
Purpose of Disbursement event work Candidate Name VIRGIL H. GOODE, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Category/Type 001	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	637.68
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Double Envelope		Transaction ID: SB17.26855 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address P.O. Box 641856		Amount of Each Disbursement this Period 759.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinatti State OH Zip Code 45264		
Purpose of Disbursement envelopes Candidate Name VIRGIL H. GOODE, Jr. Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 05		

Full Name (Last, First, Middle Initial) B. Embarq Communications, Inc.		Transaction ID: SB17.26777 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2007
Mailing Address P.O. Box 96064		Amount of Each Disbursement this Period 123.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlotte State NC Zip Code 28296		
Purpose of Disbursement telephone charges Candidate Name VIRGIL H. GOODE, Jr. Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 05		

Full Name (Last, First, Middle Initial) C. Embarq Communications, Inc.		Transaction ID: SB17.26778 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2007
Mailing Address P.O. Box 96064		Amount of Each Disbursement this Period 6.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlotte State NC Zip Code 28296		
Purpose of Disbursement telephone charges Candidate Name VIRGIL H. GOODE, Jr. Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 05		

SUBTOTAL of Disbursements This Page (optional) ▶	888.74
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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Embarq Communications, Inc.		Transaction ID: SB17.26825 Date of Disbursement 08 / 20 / 2007
Mailing Address P.O. Box 96064		Amount of Each Disbursement this Period 5.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlotte State NC Zip Code 28296	001 Category/Type	
Purpose of Disbursement long distance		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Embarq Communications, Inc.		Transaction ID: SB17.26826 Date of Disbursement 08 / 21 / 2007
Mailing Address P.O. Box 96064		Amount of Each Disbursement this Period 126.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlotte State NC Zip Code 28296	001 Category/Type	
Purpose of Disbursement telephone service		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Embarq Communications, Inc.		Transaction ID: SB17.26876 Date of Disbursement 09 / 28 / 2007
Mailing Address P.O. Box 96064		Amount of Each Disbursement this Period 123.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlotte State NC Zip Code 28296	001 Category/Type	
Purpose of Disbursement telephone service		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	255.89
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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Flowers by Jones		Transaction ID: SB17.26880 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 7
Mailing Address 110 Floyd Avenue		Amount of Each Disbursement this Period 44.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rocky Mount State VA Zip Code 24151		
Purpose of Disbursement flowers for funeral of campaign helper Candidate Name VIRGIL H. GOODE, Jr.	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lucy Goode		Transaction ID: SB17.26781 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Mailing Address 90 East Church Street		Amount of Each Disbursement this Period 120.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rocky Mount State VA Zip Code 24151		
Purpose of Disbursement mileage Candidate Name VIRGIL H. GOODE, Jr.	002 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lucy Goode		Transaction ID: SB17.26791 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 7
Mailing Address 90 East Church Street		Amount of Each Disbursement this Period 103.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rocky Mount State VA Zip Code 24151		
Purpose of Disbursement mileage Candidate Name VIRGIL H. GOODE, Jr.	002 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	268.78
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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Lucy Goode		Transaction ID: SB17.26832 Date of Disbursement 08 / 26 / 2007	
Mailing Address 90 East Church Street		Amount of Each Disbursement this Period 272.16	
City Rocky Mount State VA Zip Code 24151	Purpose of Disbursement mileage Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name VIRGIL H. GOODE, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lucy Goode		Transaction ID: SB17.26887 Date of Disbursement 09 / 30 / 2007	
Mailing Address 90 East Church Street		Amount of Each Disbursement this Period 17.28	
City Rocky Mount State VA Zip Code 24151	Purpose of Disbursement mileage Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name VIRGIL H. GOODE, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Good News Jail & Prison Ministry		Transaction ID: SB17.26809 Date of Disbursement 08 / 04 / 2007	
Mailing Address P.O. Box 66		Amount of Each Disbursement this Period 300.00	
City Martinsville State VA Zip Code 24114	Purpose of Disbursement hole sponsor Category/Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name VIRGIL H. GOODE, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	589.44
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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Kevin Allgood Band		Transaction ID: SB17.26801 Date of Disbursement 08 / 04 / 2007
Mailing Address P.O. Box 1322		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarksville State VA Zip Code 23927	Purpose of Disbursement event music Category/Type 007	
Candidate Name VIRGIL H. GOODE, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05		

Full Name (Last, First, Middle Initial) B. Lowe's Grocery		Transaction ID: SB17.26806 Date of Disbursement 08 / 04 / 2007
Mailing Address 839 East Second Street		Amount of Each Disbursement this Period 745.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chase City State VA Zip Code 23924	Purpose of Disbursement beverages, desserts, food for event Category/Type 007	
Candidate Name VIRGIL H. GOODE, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05		

Full Name (Last, First, Middle Initial) C. Main Street Amoco		Transaction ID: SB17.26840 Date of Disbursement 09 / 03 / 2007
Mailing Address 165 Main Street		Amount of Each Disbursement this Period 50.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rocky Mount State VA Zip Code 24151	Purpose of Disbursement gas Category/Type 002	
Candidate Name VIRGIL H. GOODE, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05		

SUBTOTAL of Disbursements This Page (optional) ▶	1095.98
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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Main Street Amoco		Transaction ID: SB17.26863 Date of Disbursement 09 / 22 / 2007
Mailing Address 165 Main Street		Amount of Each Disbursement this Period 148.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rocky Mount	State VA	
Zip Code 24151		
Purpose of Disbursement gas and oil Candidate Name VIRGIL H. GOODE, Jr. Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05		

Full Name (Last, First, Middle Initial) B. Postmaster		Transaction ID: SB17.26792 Date of Disbursement 07 / 30 / 2007
Mailing Address 20 East College Street		Amount of Each Disbursement this Period 410.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rocky Mount	State VA	
Zip Code 24151		
Purpose of Disbursement postage Candidate Name VIRGIL H. GOODE, Jr. Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05		

Full Name (Last, First, Middle Initial) C. Red, Hot & Blue		Transaction ID: SB17.26860 Date of Disbursement 09 / 19 / 2007
Mailing Address 3014 Wilson Blvd		Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington	State VA	
Zip Code 22201		
Purpose of Disbursement barbecue lunch Candidate Name VIRGIL H. GOODE, Jr. Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05		

SUBTOTAL of Disbursements This Page (optional) ▶	1208.65
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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Sandy Level Post Office		Transaction ID: SB17.26873 Date of Disbursement
Mailing Address P.O. Box 101		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
City Sandy Level	State VA	Zip Code 24161
Purpose of Disbursement postage	<input type="text" value="001"/> Category/Type	
Candidate Name VIRGIL H. GOODE, Jr.		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 05	
Amount of Each Disbursement this Period		<input type="text" value="2608.80"/>

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB17.26810 Date of Disbursement
Mailing Address 4082 Electric Road		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
City Roanoke	State VA	Zip Code 24014
Purpose of Disbursement ink cartridges	<input type="text" value="001"/> Category/Type	
Candidate Name VIRGIL H. GOODE, Jr.		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 05	
Amount of Each Disbursement this Period		<input type="text" value="185.70"/>

Full Name (Last, First, Middle Initial) C. Sudden Link		Transaction ID: SB17.26773 Date of Disbursement
Mailing Address P.O. Box 742519		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City Cincinatti	State OH	Zip Code 45274
Purpose of Disbursement internet access fee	<input type="text" value="001"/> Category/Type	
Candidate Name VIRGIL H. GOODE, Jr.		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 05	
Amount of Each Disbursement this Period		<input type="text" value="102.45"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2896.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Sudden Link		Transaction ID: SB17.26811 Date of Disbursement																					
Mailing Address P.O. Box 742519		<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>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	2		2	0	7	7														
City Cincinnati	State OH	Zip Code 45274																					
Purpose of Disbursement internet access		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name VIRGIL H. GOODE, Jr.		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: VA District: 05	Amount of Each Disbursement this Period <table border="1"> <tr> <td>102.45</td> </tr> </table>			102.45																			
102.45																							

Full Name (Last, First, Middle Initial) B. Bill Thompson		Transaction ID: SB17.26805 Date of Disbursement																					
Mailing Address 496 Country Way		<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>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	7	7														
City Chase City	State VA	Zip Code 23924																					
Purpose of Disbursement event expenses		<table border="1"> <tr> <td>007</td> </tr> </table>		007																			
007																							
Candidate Name VIRGIL H. GOODE, Jr.		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: VA District: 05	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1655.17</td> </tr> </table>			1655.17																			
1655.17																							

Full Name (Last, First, Middle Initial) C. Town of Rocky Mount		Transaction ID: SB17.26808 Date of Disbursement																					
Mailing Address 345 Donald Avenue		<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>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	7	7														
City Rocky Mount	State VA	Zip Code 24151																					
Purpose of Disbursement water bill		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name VIRGIL H. GOODE, Jr.		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: VA District: 05	Amount of Each Disbursement this Period <table border="1"> <tr> <td>174.00</td> </tr> </table>			174.00																			
174.00																							

SUBTOTAL of Disbursements This Page (optional)	▶	<table border="1"> <tr> <td>1931.62</td> </tr> </table>	1931.62
1931.62			
TOTAL This Period (last page this line number only)	▶	<table border="1"> <tr> <td> </td> </tr> </table>	

**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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Mr. Danny Turner		Transaction ID: SB17.26774 Date of Disbursement 07 / 14 / 2007
Mailing Address 212 Greyson Street		Amount of Each Disbursement this Period 311.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinsville State VA Zip Code 24112	001 Category/ Type	
Purpose of Disbursement mileage and pictures		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Danny Turner		Transaction ID: SB17.26815 Date of Disbursement 08 / 12 / 2007
Mailing Address 212 Greyson Street		Amount of Each Disbursement this Period 203.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinsville State VA Zip Code 24112	001 Category/ Type	
Purpose of Disbursement pictures and mileage		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Danny Turner		Transaction ID: SB17.26834 Date of Disbursement 08 / 27 / 2007
Mailing Address 212 Greyson Street		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinsville State VA Zip Code 24112	001 Category/ Type	
Purpose of Disbursement pictures		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	614.96
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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Mr. Danny Turner		Transaction ID: SB17.26866 Date of Disbursement 09 / 22 / 2007
Mailing Address 212 Greyson Street		Amount of Each Disbursement this Period 125.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinsville State VA Zip Code 24112	001 Category/Type	
Purpose of Disbursement mileage and pictures		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Danny Turner		Transaction ID: SB17.26875 Date of Disbursement 09 / 28 / 2007
Mailing Address 212 Greyson Street		Amount of Each Disbursement this Period 179.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinsville State VA Zip Code 24112	001 Category/Type	
Purpose of Disbursement pictures, photo supplies		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.26807 Date of Disbursement 08 / 04 / 2007
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 72.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297	001 Category/Type	
Purpose of Disbursement cellular phone service		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

378.43

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)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.26835 Date of Disbursement
Mailing Address P.O. Box 17464		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Baltimore	State MD	Zip Code 21297
Purpose of Disbursement cellular phone service	<input type="text" value="001"/> Category/ Type	
Candidate Name VIRGIL H. GOODE, Jr.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05	Amount of Each Disbursement this Period <input type="text" value="74.39"/>	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.26888 Date of Disbursement
Mailing Address P.O. Box 17464		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City Baltimore	State MD	Zip Code 21297
Purpose of Disbursement cellular phone service	<input type="text" value="001"/> Category/ Type	
Candidate Name VIRGIL H. GOODE, Jr.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05	Amount of Each Disbursement this Period <input type="text" value="74.39"/>	

Full Name (Last, First, Middle Initial) C. Walmart		Transaction ID: SB17.26858 Date of Disbursement
Mailing Address 550 Old Franklin Turnpike		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
City Rocky Mount	State VA	Zip Code 24151
Purpose of Disbursement sodas, cups, etc.	<input type="text" value="007"/> Category/ Type	
Candidate Name VIRGIL H. GOODE, Jr.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05	Amount of Each Disbursement this Period <input type="text" value="128.20"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="276.98"/>
TOTAL This Period (last page this line number only)	<input type="text" value="16366.49"/>

**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 type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Goode for Congress

Full Name (Last, First, Middle Initial) A. HUNTER FOR PRESIDENT INC		Transaction ID: SB21.26787 Date of Disbursement 07 / 30 / 2007
Mailing Address 9340 FUERTE DRIVE SUITE 302 B		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City LA MESA State CA Zip Code 91941	Purpose of Disbursement campaign donation Category/Type 011	
Candidate Name VIRGIL H. GOODE, Jr. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 00		

Full Name (Last, First, Middle Initial) B. Marshall for Delegate		Transaction ID: SB21.26884 Date of Disbursement 09 / 29 / 2007
Mailing Address P.O. Box 439		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Danville State VA Zip Code 24541	Purpose of Disbursement campaign donation Category/Type 011	
Candidate Name VIRGIL H. GOODE, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 05		

Full Name (Last, First, Middle Initial) C. Mike Brown for Sheriff		Transaction ID: SB21.26820 Date of Disbursement 08 / 20 / 2007
Mailing Address P.O. Box 31		Amount of Each Disbursement this Period 170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bedford State VA Zip Code 24523	Purpose of Disbursement donation Category/Type 011	
Candidate Name VIRGIL H. GOODE, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 05		

SUBTOTAL of Disbursements This Page (optional) ▶	1170.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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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 type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Goode for Congress

Full Name (Last, First, Middle Initial) A. NRCC Incumbent Support Fund		Transaction ID: SB21.26883 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 7
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement transfer of excess funds Candidate Name VIRGIL H. GOODE, Jr.	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pittsylvania County Republican Committee		Transaction ID: SB21.26842 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 279		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Danville State VA Zip Code 24543		
Purpose of Disbursement donation Candidate Name VIRGIL H. GOODE, Jr.	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Poindexter for Delegate		Transaction ID: SB21.26816 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 117		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Glade Hill State VA Zip Code 24092		
Purpose of Disbursement campaign donation Candidate Name VIRGIL H. GOODE, Jr.	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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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 type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Goode for Congress

Full Name (Last, First, Middle Initial) A. Putney for Delegate		Transaction ID: SB21.26891 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address P.O. Box 127		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bedford State VA Zip Code 24523	011 Category/Type	
Purpose of Disbursement donation		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ruff for Senate		Transaction ID: SB21.26849 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2007
Mailing Address P.O. Box 332		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarksville State VA Zip Code 23927	011 Category/Type	
Purpose of Disbursement donation		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TANCREDO FOR A SECURE AMERICA EXPLORATORY COMMITTEE		Transaction ID: SB21.26788 Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2007
Mailing Address PO BOX 7204		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MCLEAN State VA Zip Code 22106	011 Category/Type	
Purpose of Disbursement campaign donation		
Candidate Name VIRGIL H. GOODE, Jr.		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: VA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	7670.00