

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 7930 WILLOW POND COURT
 Check if different than previously reported. (ACC) MANASSAS VA 20111

2. **FEC IDENTIFICATION NUMBER** C C00558528 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
VA 00

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2014 through 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mary Rose Lalli
Signature of Treasurer Mary Rose Lalli *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 15 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BOB MARSHALL FOR CONGRESS

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 100.00 | 79386.90 |
| (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))..... | 100.00 | 79386.90 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 4006.00 | 49969.53 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 4006.00 | 49969.53 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 29417.37 | |
| 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)..... | 10475.96 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BOB MARSHALL FOR CONGRESS

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

| 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)..... | 0.00 | 64953.05 |
| (ii) Unitemized..... | 100.00 | 11433.85 |
| (iii) TOTAL of contributions from individuals ▶ | 100.00 | 76386.90 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 3000.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 100.00 | 79386.90 |
| 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 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 100.00 | 79386.90 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 4006.00 | 49969.53 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 4006.00 | 49969.53 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 33323.37 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 100.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 33423.37 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 4006.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 29417.37 |

**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 5 OF 8 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Premiere Fundraising Inc. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014 |
| Mailing Address 1127 Walker Road | | Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.6670 |
| City Great Falls | State VA | |
| Zip Code 22066 | Purpose of Disbursement | Category/ Type |
| Candidate Name BOB MARSHALL FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <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. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4000.00 |
| TOTAL This Period (last page this line number only)..... | 4000.00 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR CONGRESS

| | | |
|--|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall | | Nature of Debt (Purpose): Campaign Material Expenses to reimbursed on personal credit cards |
| Mailing Address 7930 Willow Pond Court | | |
| City State Manassas VA | Zip Code 20111 | |

| | | |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period 2237.21 | Transaction ID : SD10.6474 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2237.21 |

| | | |
|--|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall | | Nature of Debt (Purpose): Repulican Party Filing Fee to be reimbursed |
| Mailing Address 7930 Willow Pond Court | | |
| City State Manassas VA | Zip Code 20111 | |

| | | |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period 6960.00 | Transaction ID : SD10.6475 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 6960.00 |

| | | |
|--|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall | | Nature of Debt (Purpose): Internet/Email Expenses to be reimbursed |
| Mailing Address 7930 Willow Pond Court | | |
| City State Manassas VA | Zip Code 20111 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 335.52 | Transaction ID : SD10.6476 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 335.52 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional) | 9532.73 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robert Marshall

Mailing Address 7930 Willow Pond Court

City State Zip Code
 Manassas VA 20111

Nature of Debt (Purpose):
 Meals Expenses to be reimbursed

Outstanding Balance Beginning This Period **Transaction ID : SD10.6477**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robert Marshall

Mailing Address 7930 Willow Pond Court

City State Zip Code
 Manassas VA 20111

Nature of Debt (Purpose):
 Office Supplies Expenses on personal credit cards to be reimbursed

Outstanding Balance Beginning This Period **Transaction ID : SD10.6478**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robert Marshall

Mailing Address 7930 Willow Pond Court

City State Zip Code
 Manassas VA 20111

Nature of Debt (Purpose):
 Postage Expenses on personal credit cards to be reimbursed

Outstanding Balance Beginning This Period **Transaction ID : SD10.6479**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="808.67"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

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

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR CONGRESS

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall | | Nature of Debt (Purpose): Travel/Gas Expenses on personal credit cards to be reimbursed |
| Mailing Address 7930 Willow Pond Court | | |
| City State Zip Code Manassas VA 20111 | | |

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 134.56 | | Transaction ID : SD10.6480 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 134.56 | |

| | | |
|--|--|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City State Zip Code | | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Outstanding Balance at Close of This Period | |
| Amount Incurred This Period | Payment This Period | | |

| | | |
|--|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City State Zip Code | | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Outstanding Balance at Close of This Period | |
| Amount Incurred This Period | Payment This Period | | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 134.56 |
| 2) TOTALS This Period (last page this line number only) | ▶ | 10475.96 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | | 10475.96 |