

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

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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 04 / 26 / 2014 in the State of VA

(c) 30-Day POST-Election Report for the:

- General (30G)
Runoff (30R)
Special (30S)

Election on / / in the State of

5. Covering Period

01 / 01 / 2014 through 04 / 06 / 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

04 / 14 / 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.

Table with 10 columns for Office Use Only

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))....	55240.00	55240.00
(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)).....	55240.00	55240.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14377.50	14377.50
(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)).....	14377.50	14377.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	40862.50	
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).....	48600.00	48600.00
(ii) Unitemized.....	6640.00	6640.00
(iii) TOTAL of contributions from individuals ▶	55240.00	55240.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	55240.00	55240.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	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)..... ▶	55240.00	55240.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14377.50	14377.50
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) ►	14377.50	14377.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	55240.00
25. SUBTOTAL (add Line 23 and Line 24).....	55240.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14377.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	40862.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
DONALD BLAKE

Mailing Address 4122 PARHAM ROAD

City Richmond State VA Zip Code 12117

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

Name of Employer Blake & Assoc Inc Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.6398

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Hugh Brien

Mailing Address 9625 Bainbridge Court

City Manassas State VA Zip Code 20110

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

Name of Employer AppDynamics Occupation Senior Sales Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.6218

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1200 Virginia Ave

City Front Royal State VA Zip Code 22630

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

Name of Employer PROCAS, LLC Occupation Regional Sales Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.6378

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Walter Curt		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 800 North Main Street		Transaction ID : SA11AI.6288	
City Mount Crawford	State VA	Zip Code 22841	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Power Monitors, Inc	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. Michael Dunegan		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 9625 Park St		Transaction ID : SA11AI.6224	
City Manassas	State VA	Zip Code 20110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Dunegan Orthodontic	Occupation Dentist		
Receipt For: 2014 <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. Patricia Dunegan		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 9635 Park St		Transaction ID : SA11AI.6222	
City Manassas	State VA	Zip Code 20110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Dunegan Orthodontic	Occupation admin		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Patricia Fabyanic

Mailing Address 10720 Hume Road

City Marshall State VA Zip Code 20115

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.6380

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 10720 Hume Road

City Marshall State VA Zip Code 20115

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.6381

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 122 MCGUIRE RD

City WINCHESTER State VA Zip Code 22608

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.6400

Amount of Each Receipt this Period
 500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEITH FIMIAN

Mailing Address 3105 Wheatland Farms Ct

City State Zip Code
Oakton VA 22124

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

Name of Employer Occupation
US Inspect OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.6439

Amount of Each Receipt this Period
 2600.00

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

Mailing Address PO Box 3165

City State Zip Code
Manassas VA 20108

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

Name of Employer Occupation
American Target Advertising Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2014

Transaction ID : SA11AI.6213

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 412 COPPERHEAD LANE

City State Zip Code
WINCHESTER VA 22602

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.6401

Amount of Each Receipt this Period
 500.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SAMUEL FULLERTON

Mailing Address 13269 CATHARPIN VALELY DR

City Gainesville State VA Zip Code 20166

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

Name of Employer Summit Roofing Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.6437

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 304 OHINA PL

City Kihei Hi State HI Zip Code 96753

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

Name of Employer Hillwood Park, Inc. Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2014

Transaction ID : SA11AI.6214

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 6389 pageland lane

City Gainesville State VA Zip Code 20155

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

Name of Employer Magland Broker LLC Occupation Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.6209

Amount of Each Receipt this Period
 1000.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carol Grimberg

Mailing Address 9128 West Street

City Manassas State VA Zip Code 20110

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.6436

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Peter Grimberg

Mailing Address 9128 West Street

City Manassas State VA Zip Code 20110

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

Name of Employer Grimberg Construction Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.6451

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 5515 Pageland Lane

City Gainesville State VA Zip Code 20155

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

Name of Employer SELF-EMPLOYED Occupation ACCT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.6377

Amount of Each Receipt this Period
 5000.00

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

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

10200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Guy Guiffre		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 5515 Pageland Lane		Transaction ID : SA11AI.6326	
City Gainesville	State VA	Zip Code 20155	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer SELF-EMPLOYED	Occupation ACCT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5050.00		

Full Name (Last, First, Middle Initial) B. KAY GUNTER		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 420 BURCH LANE		Transaction ID : SA11AI.6402	
City BOYCE	State VA	Zip Code 22620	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. KAY GUNTER		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 420 BURCH LANE		Transaction ID : SA11AI.6429	
City BOYCE	State VA	Zip Code 22620	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Timothy Halisky

Mailing Address 20760 Eastlake Court

City State Zip Code
Sterling VA 20165

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

Name of Employer Occupation
RLA Insurance Intermediaries Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11AI.6206

Amount of Each Receipt this Period
2600.00

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

Mailing Address 15601 Chesdin Point Dr

City State Zip Code
Chesterfield VA 23838

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

Name of Employer Occupation
self employed owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.6355

Amount of Each Receipt this Period
250.00

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

Mailing Address 3401 Dana Ln

City State Zip Code
Virginia Beach VA 23452

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

Name of Employer Occupation
SLAIT SYSTEM ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.6290

Amount of Each Receipt this Period
250.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONRAD HOLTSLAG

Mailing Address 14485 SEDONA DRIVE

City	State	Zip Code
GAINESVILLE	VA	20155

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

Name of Employer PWC Service Authority	Occupation MANAGER
---	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.6441

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH KELLY

Mailing Address 6621 BILLINGS DR

City	State	Zip Code
ANNANDALE	VA	22003

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.6388

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 1247

City	State	Zip Code
Warrenton	VA	20188

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

Name of Employer Koehr Enterprises	Occupation Owner
---------------------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.6382

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kevin Kohlhaas		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 9324 Eagle Ct		Transaction ID : SA11AI.6274	
City Manassas	State VA	Zip Code 20111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Strategic Business Systems	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. James B Lassiter		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 16820 Brandy Moor Loop		Transaction ID : SA11AI.6428	
City Woodbridge	State VA	Zip Code 22191	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Julius Branscome Inc	Occupation Lab Technician		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 3/19/14	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Donna Lauderdale		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 10220 Pettus Place		Transaction ID : SA11AI.6225	
City Manassas	State VA	Zip Code 20110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Strategic Investment Partners Inc.	Occupation Executive Assistant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LINDA LAUDIERO

Mailing Address 7263 TINSLEY WAY

City State Zip Code
MANASSAS VA 20111

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.6452

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ronald Maxwell

Mailing Address 200 Fogg Mountain Lane

City State Zip Code
Huntly VA 22627

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

Name of Employer Occupation
Self Employed Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.6339

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 1209

City State Zip Code
Ridgefield CT 06877

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

Name of Employer Occupation
SELF EMPLOYED PUBLISHING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.6374

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) OLIVIA MCFADDEN		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1802 Sheridan Ct		Transaction ID : SA11AI.6399
City MCLEAN	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Monica Sanders		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 500 Long Point Lane		Transaction ID : SA11AI.6365
City Topping	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Melvin Satterwhite		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 205 North Fir Ct.		Transaction ID : SA11AI.6379
City Sterling	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Faith Bible Church	Occupation Minister	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VIVIAN SATTERWHITE

Mailing Address 205 NORTH FIR CT

City State Zip Code
STERLING VA 20164

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.6387

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
WILMA SMOOT

Mailing Address 8900 FLEETWOD ROAD

City State Zip Code
MCLEAN VA 22121

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.6430

Amount of Each Receipt this Period
500.00

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

Mailing Address 16408 Freemont Lane

City State Zip Code
Purcellville VA 20132

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

Name of Employer Occupation
One Thing Foundation UNKNOWN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.6359

Amount of Each Receipt this Period
400.00

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

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

3500.00

48600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert G Allen		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 9300 Forest Point Center		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.6090
City Manassas State VA Zip Code 20110	Purpose of Disbursement Compensation for Political Consulting Services	
Candidate Name BOB MARSHALL FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Robert G Allen		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 9300 Forest Point Center		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.6091
City Manassas State VA Zip Code 20110	Purpose of Disbursement Compensation for Political Consulting Services	
Candidate Name BOB MARSHALL FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Mark Weiss Associates		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 4710 Bethesda Ave Ste 203		Amount of Each Disbursement this Period 1475.00 Transaction ID : SB17.6089
City Bethesda State MD Zip Code 20827	Purpose of Disbursement CAMPAIGN MATERIALS	
Candidate Name BOB MARSHALL FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	13475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 75.70
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6108
Candidate Name		
Office Sought: <input 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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6109
Candidate Name		
Office Sought: <input 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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6110
Candidate Name		
Office Sought: <input 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)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	84.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6111
Candidate Name		
Office Sought: <input 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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6112
Candidate Name		
Office Sought: <input 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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 29.30
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6113
Candidate Name		
Office Sought: <input 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)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	35.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 29.30
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6114
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 14.80
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6115
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6116
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	45.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6117
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6118
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6119
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	5.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 0.59 Transaction ID : SB17.6120
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6121
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6122
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	4.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.6123
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6124
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6125
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	2.78
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)		PAGE 25 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 0.59 Transaction ID : SB17.6126
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6127
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6128
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	2.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 0.59 Transaction ID : SB17.6129
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6130
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 0.59 Transaction ID : SB17.6131
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	2.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6132
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 0.59
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6133
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6134
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	4.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6135
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6136
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6137
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	6.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.32
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6138
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6139
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 6.07
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6140
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	8.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6141
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6142
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 29.30 Transaction ID : SB17.6143
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	33.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6144
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 0.59 Transaction ID : SB17.6145
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6146
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	3.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6147
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6148
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6149
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	8.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6150
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6151
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 75.70 Transaction ID : SB17.6152
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	78.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 52	
	<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. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6153
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6154
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6155
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	13.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 0.74 Transaction ID : SB17.6156
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6157
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6158
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	3.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6159
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6160
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6161
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	9.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 0.59 Transaction ID : SB17.6162
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 4.65 Transaction ID : SB17.6163
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6164
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	6.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6165
Candidate Name		
Office Sought: <input 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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6166
Candidate Name		
Office Sought: <input 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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.63
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6167
Candidate Name		
Office Sought: <input 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)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6168
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6169
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.32 Transaction ID : SB17.6170
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	6.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6171
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6172
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6173
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	5.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 140 Second Street			Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6174
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type	
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) B. Stripe, Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 140 Second Street			Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6175
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type	
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) c. Stripe, Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 140 Second Street			Amount of Each Disbursement this Period 1.32 Transaction ID : SB17.6176
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type	
Candidate Name			
Office Sought: <input 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: District:			

SUBTOTAL of Disbursements This Page (optional).....	4.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 52		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6177
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6178
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6179
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6180
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6181
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 7.55 Transaction ID : SB17.6182
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	11.78
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)		PAGE 44 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6183
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6184
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6185
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	3.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.17 Transaction ID : SB17.6186
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6187
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6188
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	5.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6189
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6190
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Transaction ID : SB17.6191
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	13.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 140 Second Street			Amount of Each Disbursement this Period 1.75	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.6192	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. Stripe, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 140 Second Street			Amount of Each Disbursement this Period 14.80	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.6193	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) c. Stripe, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 140 Second Street			Amount of Each Disbursement this Period 11.90	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.6194	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....	28.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.35 Transaction ID : SB17.6195
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.17 Transaction ID : SB17.6196
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6197
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	6.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6199
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.6200
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Stripe, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 140 Second Street		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.6201
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	5.98
TOTAL This Period (last page this line number only).....	13944.25

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 Zip Code Manassas VA 20111	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.6474
Amount Incurred This Period <input style="width:100%;" type="text" value="2237.21"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="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 Zip Code Manassas VA 20111	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.6475
Amount Incurred This Period <input style="width:100%;" type="text" value="6960.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="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 Zip Code Manassas VA 20111	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.6476
Amount Incurred This Period <input style="width:100%;" type="text" value="335.52"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="335.52"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="9532.73"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="0.00"/>

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):
Meals Expenses to be reimbursed

Mailing Address 7930 Willow Pond Court

City State Zip Code
Manassas VA 20111

Outstanding Balance Beginning This Period
0.00

Transaction ID : SD10.6477

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
6.25 0.00 6.25

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

Nature of Debt (Purpose):
Office Supplies 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
0.00

Transaction ID : SD10.6478

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
429.55 0.00 429.55

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

Nature of Debt (Purpose):
Postage 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
0.00

Transaction ID : SD10.6479

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
372.87 0.00 372.87

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 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) ▶

808.67
0.00
0.00

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

Mailing Address 7930 Willow Pond Court

City State Zip Code
Manassas VA 20111

Nature of Debt (Purpose):
Travel/Gas Expenses on personal credit cards to be reimbursed

Outstanding Balance Beginning This Period **Transaction ID : SD10.6480**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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="134.56"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="10475.96"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="10475.96"/>