

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
GOOD FUND, THE

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		32209.69
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	48984.04									
(c) Total Receipts (from Line 19)	10248.00	119423.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59232.04	151632.69								
7. Total Disbursements (from Line 31)	40117.78	132518.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19114.26	19114.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
GOOD FUND, THE

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5750.00	10750.00
(ii) Unitemized	4498.00	4673.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10248.00	15423.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	104000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10248.00	119423.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10248.00	119423.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10248.00	119423.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	50350.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	50350.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18250.00	57000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	21867.78	25167.78
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40117.78	132518.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40117.78	132518.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	10248.00	119423.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10248.00	119423.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	50350.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	50350.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
GOOD FUND, THE

<p>A. Full Name (Last, First, Middle Initial) Thomas W. Fowler</p> <p>Mailing Address 1491 Virginia Avenue, Apt. 512</p> <p>City State Zip Code HARRISONBURG VA 22802</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 1146</p> <p>Amount of Each Receipt this Period 500.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Miriam Gallagher</p> <p>Mailing Address 5635 Village Way</p> <p>City State Zip Code Roanoke VA 24014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Homemaker Occupation Retired</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0</p> <p>Transaction ID: 1196</p> <p>Amount of Each Receipt this Period 1000.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Nancy B. Hunter</p> <p>Mailing Address 4756 John Scott Drive</p> <p>City State Zip Code Lynchburg VA 24503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: 1152</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GOOD FUND, THE

A. Full Name (Last, First, Middle Initial)
C. B. Knox

Mailing Address 233 Silverleaf Lane

City State Zip Code
Boones Mill VA 24065

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 1219

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Beulah S. Root

Mailing Address 206 Morningside Drive

City State Zip Code
Mount Sidney VA 24467

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 1161

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1994 Merriman Way

City State Zip Code
Moneta VA 24121

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

Name of Employer Advance Auto Parts Occupation Retired, CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 1160

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOOD FUND, THE

A.

Full Name (Last, First, Middle Initial) Graham Stephens		Date of Receipt
Mailing Address P. O. Box 157		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
City	State	Zip Code
Troutville	VA	24175
FEC ID number of contributing federal political committee.		Transaction ID: 1168
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

B.

Full Name (Last, First, Middle Initial) Michael W. Wise		Date of Receipt
Mailing Address 5271 Hunting Hills Dr., SW		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
City	State	Zip Code
Roanoke	VA	24014
FEC ID number of contributing federal political committee.		Transaction ID: 1199
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer Delta Dental of Virginia	Occupation C. F. O.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5750.00"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOOD FUND, THE

A.	Full Name (Last, First, Middle Initial) AMERICANS FOR MURRAY	Transaction ID: 1136 Date of Disbursement 10 / 15 / 2010
	Mailing Address PO BOX 25243	Amount of Each Disbursement this Period 1000.00
	City ALEXANDRIA State VA Zip Code 22313	
	Purpose of Disbursement Political Contributions	Category/Type
	Candidate Name J PATRICK MURRAY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS	Transaction ID: 1232 Date of Disbursement 10 / 28 / 2010
	Mailing Address PO Box 1527	Amount of Each Disbursement this Period 1000.00
	City Annapolis State MD Zip Code 21404	
	Purpose of Disbursement Political Contributions	Category/Type
	Candidate Name ANDREW P HARRIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRUUN FOR CONGRESS	Transaction ID: 1205 Date of Disbursement 10 / 20 / 2010
	Mailing Address 23069 BLAND CIRCLE	Amount of Each Disbursement this Period 500.00
	City WEST LINN State OR Zip Code 97068	
	Purpose of Disbursement Political Contributions	Category/Type
	Candidate Name LORENTZ 'SCOTT' BRUUN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOOD FUND, THE

A.

Full Name (Last, First, Middle Initial)
CORNILLES FOR CONGRESS

Mailing Address PO BOX 2272

City TUALATIN State OR Zip Code 97062

Purpose of Disbursement
Political Contributions

Candidate Name
ROBERT CORNILLES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 01

Transaction ID: 1206

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
DANIEL WEBSTER FOR CONGRESS

Mailing Address 3400 OLD WINTER GARDEN ROAD

City ORLANDO State FL Zip Code 32805

Purpose of Disbursement
Political Contributions

Candidate Name
DANIEL WEBSTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 08

Transaction ID: 1138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
FIMIAN FOR CONGRESS

Mailing Address PO Box 3131

City Oakton State VA Zip Code 22124

Purpose of Disbursement
Political Contributions

Candidate Name
KEITH S FIMIAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 11

Transaction ID: 1133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOOD FUND, THE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: 1140 Date of Disbursement
	Mailing Address PO Box 50100 PO Box 50100	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Springfield State MO Zip Code 65805	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions	<input type="text" value="1500.00"/>
	Candidate Name ROY BLUNT	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SCOTT DESJARLAIS	Transaction ID: 1207 Date of Disbursement
	Mailing Address PO BOX 311	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City JASPER State TN Zip Code 37347	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions	<input type="text" value="500.00"/>
	Candidate Name SCOTT EUGENE DESJARLAIS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JEFF PERRY FOR CONGRESS	Transaction ID: 1139 Date of Disbursement
	Mailing Address PO Box 1435	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sandwich State MA Zip Code 02563	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions	<input type="text" value="1000.00"/>
	Candidate Name JEFFREY DAVIS PERRY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOOD FUND, THE

A. Full Name (Last, First, Middle Initial)
MARTHA ROBY FOR CONGRESS

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement
Political Contributions

Candidate Name
MARTHA ROBY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District: 02

Transaction ID: 1137

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City CHRISTIANSBURG State VA Zip Code 24068

Purpose of Disbursement
Political contribution

Candidate Name
H MORGAN GRIFFITH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 09

Transaction ID: 1234

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Robert Hurt for Congress

Mailing Address PO BOX 2

City CHATHAM State VA Zip Code 24531

Purpose of Disbursement
Political Contributions

Candidate Name
ROBERT HURT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 05

Transaction ID: 1134

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOOD FUND, THE

A.

Full Name (Last, First, Middle Initial)
SCOTT RIGELL FOR CONGRESS

Transaction ID: 1135

Date of Disbursement

Mailing Address 915 First Colonial Road
Suite 100

10 / 15 / 2010

City Virginia Beach State VA Zip Code 23454

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Political Contributions

Category/
Type

Candidate Name
EDWARD SCOTT RIGELL

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 02

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

18250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOOD FUND, THE

A.	Full Name (Last, First, Middle Initial) Digital Image Printing <hr/> Mailing Address 1615 Roanoke Rd <hr/> City Daleville State VA Zip Code 24083 <hr/> Purpose of Disbursement Advertising Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1141 Date of Disbursement 10 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 4061.03
B.	Full Name (Last, First, Middle Initial) Friends of Greg Habeeb <hr/> Mailing Address P O Box 882 <hr/> City Salem State VA Zip Code 24153 <hr/> Purpose of Disbursement Political contribution Candidate Name Friends of Greg Habeeb <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1233 Date of Disbursement 11 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Greg Coffman for City Council <hr/> Mailing Address 66 Laurel Street <hr/> City Harrisonburg State VA Zip Code 22801 <hr/> Purpose of Disbursement Political Contributions Candidate Name Greg Coffman for City Council <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1231 Date of Disbursement 10 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional) ▶

5311.03

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOOD FUND, THE

A.

Full Name (Last, First, Middle Initial)
Hinaman & Company

Transaction ID: 1209
Date of Disbursement

Mailing Address 703 Day Lane

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

6000.00

Purpose of Disbursement
Consultant: Political

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Laura Bell Consulting

Transaction ID: 1142
Date of Disbursement

Mailing Address 4618 Latrobe Place

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

City State Zip Code
Alexandria VA 22311

Amount of Each Disbursement this Period

3627.75

Purpose of Disbursement
Solicitation and Fundraising Expenses

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Laura Bell Consulting

Transaction ID: 1210
Date of Disbursement

Mailing Address 4618 Latrobe Place

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

City State Zip Code
Alexandria VA 22311

Amount of Each Disbursement this Period

6000.00

Purpose of Disbursement
Consultant: Fundraising

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

15627.75

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOOD FUND, THE

A.	Full Name (Last, First, Middle Initial) Political Compliance Services	Transaction ID: 1230 Date of Disbursement
	Mailing Address PO Box 373	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Fairfax Station State VA Zip Code 22039	Amount of Each Disbursement this Period
	Purpose of Disbursement Consultant: Compliance	<input type="text" value="501.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Scott Insurance	Transaction ID: 1208 Date of Disbursement
	Mailing Address P O Box 10489	<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Lynchburg State VA Zip Code 24506	Amount of Each Disbursement this Period
	Purpose of Disbursement Insurance	<input type="text" value="428.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="929.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="21867.78"/>