

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

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00558528

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

VA

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2019

through

M M /

D D /

Y Y Y Y 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Lalli, Mary, Rose, ,

Type or Print Name of Treasurer

Lalli, Mary, Rose, ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

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))....	0.00	77461.89
(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)).....	0.00	77461.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10574.81	49969.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	10574.81	49969.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2876.02	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

BOB MARSHALL FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	62303.04
(ii) Unitemized.....	0.00	12158.85
(iii) TOTAL of contributions from individuals ▶	0.00	74461.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	77461.89
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)..... ▶	0.00	77461.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10574.81	49969.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	9000.00	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	4000.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	23574.81	49969.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	26450.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	26450.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23574.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2876.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 14	
	<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. Marshall, Robert, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019
Mailing Address 7930 Willow Pond Court		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20111
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period 6960.00
Candidate Name BOB MARSHALL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 00	Transaction ID : SB17.6822 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Marshall, Robert, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019
Mailing Address 7930 Willow Pond Court		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20111
Purpose of Disbursement Loan Repayment	Category/ Type	Amount of Each Disbursement this Period 2237.21
Candidate Name BOB MARSHALL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 00	Transaction ID : SB17.6830 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Marshall, Robert, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019
Mailing Address 7930 Willow Pond Court		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20111
Purpose of Disbursement Loan Repayment	Category/ Type	Amount of Each Disbursement this Period 335.52
Candidate Name BOB MARSHALL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 00	Transaction ID : SB17.6831 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	9532.73
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 6 OF 14	
	<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. Marshall, Robert, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019
Mailing Address 7930 Willow Pond Court		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20111
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 429.55
Candidate Name BOB MARSHALL FOR CONGRESS	Category/ Type	Transaction ID : SB17.6832
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

Full Name (Last, First, Middle Initial) B. Marshall, Robert, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019
Mailing Address 7930 Willow Pond Court		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20111
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 372.87
Candidate Name BOB MARSHALL FOR CONGRESS	Category/ Type	Transaction ID : SB17.6833
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

Full Name (Last, First, Middle Initial) c. Marshall, Robert, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019
Mailing Address 7930 Willow Pond Court		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20111
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 134.56
Candidate Name BOB MARSHALL FOR CONGRESS	Category/ Type	Transaction ID : SB17.6834
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	936.98
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 7 OF 14	
	<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. Marshall, Robert, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019
Mailing Address 7930 Willow Pond Court		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20111
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 6.25
Candidate Name BOB MARSHALL FOR CONGRESS		Transaction ID : SB17.6835
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2019
Mailing Address 9210 CHURCH ST		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20110
Purpose of Disbursement Bank Service Fee		Amount of Each Disbursement this Period 12.95
Candidate Name BOB MARSHALL FOR CONGRESS		Transaction ID : SB17.6786
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

Full Name (Last, First, Middle Initial) c. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2019
Mailing Address 9210 CHURCH ST		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20110
Purpose of Disbursement Bank Service Fee		Amount of Each Disbursement this Period 12.95
Candidate Name BOB MARSHALL FOR CONGRESS		Transaction ID : SB17.6787
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	32.15
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 8 OF 14	
	<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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2019
Mailing Address 9210 CHURCH ST		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20110
Purpose of Disbursement Bank Service Fee	Category/ Type 001	Amount of Each Disbursement this Period 12.95
Candidate Name BOB MARSHALL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 00	Transaction ID : SB17.6788 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2019
Mailing Address 9210 CHURCH ST		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20110
Purpose of Disbursement transfer fee	Category/ Type 001	Amount of Each Disbursement this Period 30.00
Candidate Name BOB MARSHALL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 00	Transaction ID : SB17.6789 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2019
Mailing Address 9210 CHURCH ST		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20110
Purpose of Disbursement transfer fee	Category/ Type 001	Amount of Each Disbursement this Period 30.00
Candidate Name BOB MARSHALL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 00	Transaction ID : SB17.6790 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	72.95
TOTAL This Period (last page this line number only).....▶	10574.81

**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 9 OF 14
	<input type="checkbox"/> 17 20a <input checked="" 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. BOB MARSHALL FOR SENATE INC		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2019
Mailing Address 7930 WILLOW POND COURT		FEC Identification Number C C00558528
City MANASSAS	State VA	Zip Code 20111
Purpose of Disbursement Transfer to Senate Campaign Committee		Amount of Each Disbursement this Period 5000.00
Candidate Name BOB MARSHALL FOR CONGRESS		Transaction ID : SB18.6819
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

Full Name (Last, First, Middle Initial) B. BOB MARSHALL FOR SENATE INC		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2019
Mailing Address 7930 WILLOW POND COURT		FEC Identification Number C C00558528
City MANASSAS	State VA	Zip Code 20111
Purpose of Disbursement Contribution to Senate committee		Amount of Each Disbursement this Period 4000.00
Candidate Name BOB MARSHALL FOR CONGRESS		Transaction ID : SB18.6821
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

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

SUBTOTAL of Disbursements This Page (optional).....▶	9000.00
TOTAL This Period (last page this line number only).....▶	9000.00

**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 10 OF 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DJ for Delegate		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2019
Mailing Address P.O. Box 2382		FEC Identification Number C C00558528
City Woodbridge	State VA	Zip Code 22195
Purpose of Disbursement Contribution to State Delegate campaign Committee		Amount of Each Disbursement this Period 1000.00
Candidate Name BOB MARSHALL FOR CONGRESS		Transaction ID : SB21.6797
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

Full Name (Last, First, Middle Initial) B. Friends of Kelly McGinn		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2019
Mailing Address P.O. Box 894		FEC Identification Number C C00558528
City Manassas	State VA	Zip Code 20113
Purpose of Disbursement Contribution to State Delegate campaign Committee		Amount of Each Disbursement this Period 1000.00
Candidate Name BOB MARSHALL FOR CONGRESS		Transaction ID : SB21.6802
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

Full Name (Last, First, Middle Initial) c. Friends of Rich Anderson		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2019
Mailing Address P.O. Box 7926		FEC Identification Number C C00558528
City Woodbridge	State VA	Zip Code 22195
Purpose of Disbursement Contribution to State Delegate campaign Committee		Amount of Each Disbursement this Period 1000.00
Candidate Name BOB MARSHALL FOR CONGRESS		Transaction ID : SB21.6803
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
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 11 OF 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Friends of Yesli Vega			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2019	
Mailing Address 9108 Church Street #344			FEC Identification Number C C00558528	
City Manassas	State VA	Zip Code 20108	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution to State candidate			Transaction ID : SB21.6804	
Candidate Name BOB MARSHALL FOR CONGRESS			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: VA District: 00				

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	4000.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 14
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR CONGRESS

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

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

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

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

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

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

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

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

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR CONGRESS

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

Outstanding Balance Beginning This Period <input type="text" value="6.25"/>	Transaction ID : SD10.6477	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6.25"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="429.55"/>	Transaction ID : SD10.6478	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="429.55"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="372.87"/>	Transaction ID : SD10.6479	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="372.87"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

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

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR CONGRESS

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

Outstanding Balance Beginning This Period <input type="text" value="134.56"/>		Transaction ID : SD10.6480	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="134.56"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

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

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

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