

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

ADDRESS (number and street) 4246 CHAIN BRIDGE RD  
 Check if different than previously reported. (ACC)  
FAIRFAX VA 22030

2. **FEC IDENTIFICATION NUMBER** C00277335  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2009 through 02 28 2009

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 Michael Rumberg

Signature of Treasurer Electronically Filed by Michael Rumberg Date 06 15 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		12446.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	7743.14									
(c) Total Receipts (from Line 19) .....	2025.00	2825.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	9768.14	15271.66								
7. Total Disbursements (from Line 31) .....	3612.60	9116.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6155.54	6155.54								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

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	1000.00	1000.00
(i) Itemized (use Schedule A) .....	1025.00	1325.00
(ii) Unitemized .....	2025.00	2325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	500.00
(c) Other Political Committees (such as PACs) .....	2025.00	2825.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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)) .....	2025.00	2825.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2025.00	2825.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	3612.60	8816.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3612.60	8816.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....	0.00	0.00
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	300.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	300.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3612.60	9116.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3612.60	9116.12

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	2025.00	2825.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2025.00	2825.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3612.60	8816.12
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3612.60	8816.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 13	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

<b>A.</b>	Full Name (Last, First, Middle Initial) William B Wrench		Date of Receipt																					
	Mailing Address PO Box 370		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	0		2	0	0	9														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.10384																			
	Fairfax Station	VA	22039																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer The Wrench Group		Occupation Principal		<input type="text" value="1000.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="1000.00"/>																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1000.00"/>

# 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.	Full Name (Last, First, Middle Initial) Barchetta Enterprises, LC	Transaction ID: SB21B.10361
	Mailing Address 7138 Little River TP # 210	Date of Disbursement MM / DD / YYYY 02 / 01 / 2009
	City Annandale State VA Zip Code 22003	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement accounting and compliance Candidate Name	001 Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Capitol Office Solutions	Transaction ID: SB21B.10362
	Mailing Address 12301 Kiln Ct	Date of Disbursement MM / DD / YYYY 02 / 01 / 2009
	City Beltsville State MD Zip Code 20705	Amount of Each Disbursement this Period 536.10
	Purpose of Disbursement copier lease Candidate Name	001 Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Caribou Coffee, Inc	Transaction ID: SB21B.10427
	Mailing Address 11947 Grand Commons Dr	Date of Disbursement MM / DD / YYYY 02 / 28 / 2009
	City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period 17.06
	Purpose of Disbursement meeting expense Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1286.10
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

<b>A.</b> Full Name (Last, First, Middle Initial) Constant Conact Mailing Address 1601 Trapelo Road #329 City Waltham State MA Zip Code 02451 Purpose of Disbursement subscription Candidate Name 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: SB21B.10429 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 28.50
	[MEMO ITEM]
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) DeLage Landen Financial Services Mailing Address P.O. Box 41601 City Philadelphia State PA Zip Code 19101 Purpose of Disbursement copier lease Candidate Name 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: SB21B.10364 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 200.40
	[MEMO ITEM]
	Category/Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) Dunkin Donuts Mailing Address 10500 Main St City Fairfax State VA Zip Code 22030 Purpose of Disbursement meeting expense Candidate Name 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: SB21B.10401 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 7.29
	[MEMO ITEM]
	Category/Type 001

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

200.40

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Esposito's Restaurant</p> <p>Mailing Address 9600 Lee Hwy</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement meeting expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10421</p> <p><b>Date of Disbursement</b> 02 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 27.56</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Fairfax County Public Schools</p> <p>Mailing Address 8115 Gatehouse Road</p> <p>City Falls Church State VA Zip Code 22042</p> <p>Purpose of Disbursement room rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10341</p> <p><b>Date of Disbursement</b> 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 256.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Fairfax Professional Village</p> <p>Mailing Address 4240 Chain Bridge Road</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement condo fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10365</p> <p><b>Date of Disbursement</b> 02 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 264.18</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>520.18</b>
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.	Full Name (Last, First, Middle Initial) Home Depot	Transaction ID: SB21B.10412
	Mailing Address PO Box 6029	Date of Disbursement MM / DD / YYYY 02 / 06 / 2009
	City The Lakes State NV Zip Code 88901	Amount of Each Disbursement this Period 13.70
	Purpose of Disbursement office supplies Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) McDonald's Restaurant	Transaction ID: SB21B.10404
	Mailing Address 10630 Lee Hwy	Date of Disbursement MM / DD / YYYY 02 / 03 / 2009
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period 2.61
	Purpose of Disbursement meeting expense Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB21B.10409
	Mailing Address 2200 Old Germantown Road	Date of Disbursement MM / DD / YYYY 02 / 05 / 2009
	City Delray Beach State FL Zip Code 33445	Amount of Each Disbursement this Period 104.99
	Purpose of Disbursement office supplies Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 11 / 13

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.	Full Name (Last, First, Middle Initial) Pizza Hut	Transaction ID: SB21B.10399
	Mailing Address 1234 Main St	Date of Disbursement MM / DD / YYYY 02 / 03 / 2009
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period 36.57
	Purpose of Disbursement meeting expense Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Pizza Hut	Transaction ID: SB21B.10416
	Mailing Address 1234 Main St	Date of Disbursement MM / DD / YYYY 02 / 07 / 2009
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period 21.07
	Purpose of Disbursement meeting expense Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) PJ Skidoos Restaurant	Transaction ID: SB21B.10426
	Mailing Address 9908 Lee Highway	Date of Disbursement MM / DD / YYYY 02 / 23 / 2009
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period 299.96
	Purpose of Disbursement meeting expense Candidate Name	001 Category/Type
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Red Hot and Blue Rest.</p> <p>Mailing Address 4101 Chain Bridge Rd</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement meeting expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10424</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="64.37"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Safeway Stores</p> <p>Mailing Address Chain Bridge Rd</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement meeting expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10420</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.60"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark D. Skiles</p> <p>Mailing Address 4450 Rivanna Ln PMB 4772</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Political Dir salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10340</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1200.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1200.00"/>
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.	Full Name (Last, First, Middle Initial) The Examiner Newspaper  Mailing Address 6850 Versar Ctr # 300  City Springfield State VA Zip Code 22150  Purpose of Disbursement advertising Candidate Name  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: SB21B.10414 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 900.90  [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) USPS  Mailing Address 10660 Page Street  City Fairfax State VA Zip Code 22030  Purpose of Disbursement postage Candidate Name  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: SB21B.10428 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 37.80  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Walmart  Mailing Address Fairlakes Blvd  City Fairfax State VA Zip Code 22033  Purpose of Disbursement office supplies Candidate Name  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: SB21B.10406 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 158.59  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3206.68