

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 (12S)
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 09 01 2010 through 09 30 2010

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 Mr. Charles R. Proctor

Signature of Treasurer Electronically Filed by Mr. Charles R. Proctor Date 10 06 2010

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									
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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	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

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		6398.37
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	16587.12									
(c) Total Receipts (from Line 19)	2395.00	67720.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18982.12	74119.17								
7. Total Disbursements (from Line 31)	3943.16	59080.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15038.96	15038.96								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

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)	1150.00	14530.00
(ii) Unitemized	1245.00	53190.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2395.00	67720.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2395.00	67720.80
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))	2395.00	67720.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2395.00	67720.80

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.....	3943.16	59080.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3943.16	59080.21
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	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))..	3943.16	59080.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3943.16	59080.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	2395.00	67720.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2395.00	67720.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3943.16	59080.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3943.16	59080.21

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11

(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

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)

A.

Full Name (Last, First, Middle Initial)
Mr. Gary H. Baise

Mailing Address 2201
Great Falls Street

City State Zip Code
Falls Church VA 22043

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

Name of Employer Occupation
Kilpatrick Stockton LLP Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.14095

Amount of Each Receipt this Period
100.00

contribution

B.

Full Name (Last, First, Middle Initial)
Caren D Merrick

Mailing Address 1350 Beverly Rd # 115-359

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
self investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14102

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Patrick Murray

Mailing Address PO BOX 25243

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** H0VA08149

Name of Employer Occupation
Candidate Cmte Candidate Cmte

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14101

Amount of Each Receipt this Period
200.00

contribution

SUBTOTAL of Receipts This Page (optional)

550.00

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: (check only one)	PAGE 7 / 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Beau Phillips		Date of Receipt MM / DD / YYYY 09 / 29 / 2010
Mailing Address 6120 Lemon Thyme Dr #3C		Transaction ID: SA11AI.14128
City Alexandria	State VA	Zip Code 22310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Chlopak Leonard Schecter	Occupation Consultant	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Michael L Stern		Date of Receipt MM / DD / YYYY 09 / 08 / 2010
Mailing Address 8529 Century Oak PI		Transaction ID: SA11AI.14089
City Fairfax Station	State VA	Zip Code 22039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Attorney	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	1150.00

**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) American Express	Transaction ID: SB21B.14126 Date of Disbursement
	Mailing Address PO Box 1279	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement see memo items	<input type="text" value="251.53"/>
	Candidate Name	<input type="text" value="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) Barchetta Enterprises, LC	Transaction ID: SB21B.14080 Date of Disbursement
	Mailing Address 7138 Little River TP # 210	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Annandale State VA Zip Code 22003	Amount of Each Disbursement this Period
	Purpose of Disbursement compliance services	<input type="text" value="750.00"/>
	Candidate Name	<input type="text" value="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) Cox Communications Inc	Transaction ID: SB21B.14127 Date of Disbursement
	Mailing Address 4246 Chain Bridge Rd	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period
	Purpose of Disbursement telephone	<input type="text" value="346.21"/>
	Candidate Name	<input type="text" value="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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1347.74"/>
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 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)
DeLage Landen Financial Services

Transaction ID: SB21B.14081
Date of Disbursement

Mailing Address P.O. Box 41601

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

City Philadelphia State PA Zip Code 19101

Amount of Each Disbursement this Period

Purpose of Disbursement
equipment lease

001
Category/ Type

191.74

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Dominion Virginia Power

Transaction ID: SB21B.14084
Date of Disbursement

Mailing Address P.O. Box 26543

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

City Richmond State VA Zip Code 23290

Amount of Each Disbursement this Period

Purpose of Disbursement
utility fee

001
Category/ Type

24.04

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Andrew Eisenbach

Transaction ID: SB21B.14124
Date of Disbursement

Mailing Address 4264 Chain Bridge Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

City Fairfax State VA Zip Code 22030

Amount of Each Disbursement this Period

Purpose of Disbursement
office staff

001
Category/ Type

250.00

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ►

465.78

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)

<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) Fairfax Professional Village	Transaction ID: SB21B.14082 Date of Disbursement
	Mailing Address 4240 Chain Bridge Road	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement condo fee	<input type="text" value="39.09"/>
	Candidate Name	<input type="text" value="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) Fairfax Professional Village	Transaction ID: SB21B.14083 Date of Disbursement
	Mailing Address 4240 Chain Bridge Road	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement condo fee	<input type="text" value="175.09"/>
	Candidate Name	<input type="text" value="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) Susan L Falconer	Transaction ID: SB21B.14120 Date of Disbursement
	Mailing Address 9545 Hunt Sq Ct	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Springfield State VA Zip Code 22153	Amount of Each Disbursement this Period
	Purpose of Disbursement Exec Dir fee	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1714.18"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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) Susan L Falconer <hr/> Mailing Address 9545 Hunt Sq Ct <hr/> City Springfield State VA Zip Code 22153 <hr/> Purpose of Disbursement reimburse office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.14121 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
	Amount of Each Disbursement this Period 202.88 <hr/> Category/ Type 001
B. Full Name (Last, First, Middle Initial) Transfirst, LLC <hr/> Mailing Address 3131 S Vaughn Way #350 <hr/> City Aurora State CO Zip Code 80014 <hr/> Purpose of Disbursement bank service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.14085 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period 52.23 <hr/> Category/ Type 003

SUBTOTAL of Disbursements This Page (optional) ►

255.11

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

3782.81