

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 FEB -3 AM 6:51

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

MODERN REPUBLICAN WOMEN

ADDRESS (number and street)

1049 SHOAL CREEK TRAIL

Check if different than previously reported. (ACC)

CHESAPEAKE

VA

23320

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00558379

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 Year-End 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 MM / DD / YYYY in the State of   

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

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

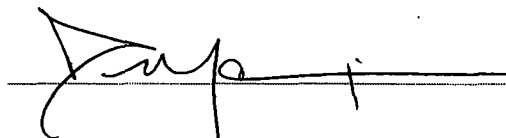
Election on MM / DD / YYYY in the State of   

5. Covering Period MM / DD / YYYY 07 / 01 / 2015 through MM / DD / YYYY 12 / 31 / 2015

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 Dacia Marxrieser

Signature of Treasurer



Date

MM / DD / YYYY 01 / 24 / 2016

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

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**MODERN REPUBLICAN WOMEN**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	<input type="text" value="745.51"/>	<input type="text" value="745.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="811.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4715.00"/>	<input type="text" value="6893.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="5526.15"/>	<input type="text" value="7639.31"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="3153.44"/>	<input type="text" value="5266.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="2372.71"/>	<input type="text" value="2372.71"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

2015-02-02 10:00:00 AM

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**MODERN REPUBLICAN WOMEN**

Report Covering the Period: From:

07 / 01 / 2015

To:

12 / 31 / 2015

**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).....

3535.00

4538.80

(ii) Unitemized.....

1180.00

2355.00

(iii) TOTAL (add  
Lines 11(a)(i) and (ii))..... ▶

4715.00

6893.80

(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)..... ▶

4715.00

6893.80

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 Transfers (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))..... ▶

4715.00

6893.80

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19)..... ▶

4715.00

6893.80

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. Disbursements</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated 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 .....	3,153.44	5,266.60	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3,153.44	5,266.60	
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 Expenditures (use Schedule E) .....	0.00	0.00	
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (52 U.S.C. § 30101(20))			
(a) Allocated 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)) ..	3,153.44	5,266.60	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	3,153.44	5,266.60	

NON-FEDERAL SHARE



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

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

FOR LINE NUMBER: PAGE 1 OF 6

(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)

**MODERN REPUBLICAN WOMEN**

Full Name (Last, First, Middle Initial)

**A. Matheson, Dawn**

Mailing Address

1049 Shoal Creek Trail

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing federal political committee.

C

Name of Employer

Matheson Group

Occupation

Manager

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,103.80

Date of Receipt

10 / 06 / 2015

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Matheson, Dawn**

Mailing Address

1049 Shoal Creek Trail

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing federal political committee.

C

Name of Employer

Matheson Group

Occupation

Manager

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,353.80

Date of Receipt

11 / 23 / 2015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Matheson, Dawn**

Mailing Address

1049 Shoal Creek Trail

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing federal political committee.

C

Name of Employer

Matheson Group

Occupation

Manager

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,373.80

Date of Receipt

12 / 09 / 2016

Amount of Each Receipt this Period

20.00

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

370.00

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

NOV 10 2015 10:00 AM 00040474

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

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

FOR LINE NUMBER: PAGE 2 OF 6  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MODERN REPUBLICAN WOMEN**

Full Name (Last, First, Middle Initial)

**A. Marxrieser, Dacia**

Mailing Address  
**1520 Pine Grove Lane**

City **Chesapeake** State **VA** Zip Code **23321**

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

Name of Employer **MDT, INC.** Occupation **Controller**

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

Date of Receipt  
**07 / 20 / 2015**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)

**B. Marxrieser, Dacia**

Mailing Address  
**1520 Pine Grove Lane**

City **Chesapeake** State **VA** Zip Code **23321**

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

Name of Employer **MDT, INC.** Occupation **Controller**

Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **470.00**

Date of Receipt  
**10 / 19 / 2015**

Amount of Each Receipt this Period  
**170.00**

Full Name (Last, First, Middle Initial)

**C. Marxrieser, Dacia**

Mailing Address  
**1520 Pine Grove Lane**

City **Chesapeake** State **VA** Zip Code **23321**

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

Name of Employer **MDT, INC.** Occupation **Controller**

Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
**12 / 09 / 2016**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **510.00**

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

20151021 02:01:01 000000475

**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 3 OF 6

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)  
**A. Krup, Pattyanne**  
Mailing Address  
**1302 Greens Edge Court**  
City **Chesapeake** State **VA** Zip Code **23322**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **N/A** Occupation  
Receipt For:  
 Primary  General  
 Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt  
**09 / 02 / 2015**  
Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. Hanson, Debora**  
Mailing Address  
**1104 Holmes Trail**  
City **Chesapeake** State **VA** Zip Code **23322**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation **Film Industry**  
Receipt For:  
 Primary  General  
 Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt  
**08 / 27 / 2015**  
Amount of Each Receipt this Period  
**310.00**

Full Name (Last, First, Middle Initial)  
**C. Hanson, Debora**  
Mailing Address  
**1104 Holmes Trail**  
City **Chesapeake** State **VA** Zip Code **23322**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation **Film Industry**  
Receipt For:  
 Primary  General  
 Other (specify)   
Aggregate Year-to-Date **485.00**

Date of Receipt  
**10 / 22 / 2015**  
Amount of Each Receipt this Period  
**85.00**

**SUBTOTAL** of Receipts This Page (optional)..... **695.00**  
**TOTAL** This Period (last page this line number only).....

201509021302GRENSEDGE



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

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

FOR LINE NUMBER: PAGE **4** OF **6**

(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)

**MODERN REPUBLICAN WOMEN**

Full Name (Last, First, Middle Initial)

**A. Amick, Tammi**

Mailing Address

**1528 Chesapeake Ave.**

City

**Chesapeake**

State  
**VA**

Zip Code  
**23324**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**N/A**

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**190.00**

Date of Receipt

**10 / 06 / 2015**

Amount of Each Receipt this Period

**100.00**

Full Name (Last, First, Middle Initial)

**B. Amick, Tammi**

Mailing Address

**1528 Chesapeake Ave.**

City

**Chesapeake**

State  
**VA**

Zip Code  
**23324**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**N/A**

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**10 / 30 / 2015**

Amount of Each Receipt this Period

**100.00**

Full Name (Last, First, Middle Initial)

**C. Oman, Robert**

Mailing Address

**305 Castle Forbes Way**

City

**Chesapeake**

State  
**VA**

Zip Code  
**23322**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Oman Funeral Home**

Occupation

**President**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**340.00**

Date of Receipt

**10 / 25 / 2016**

Amount of Each Receipt this Period

**340.00**

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

**540.00**

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

74064000 W0 0M 00040717

**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 5 OF 6
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MODERN REPUBLICAN WOMEN**

Full Name (Last, First, Middle Initial) <b>A. Craig, Christie</b>		Date of Receipt 10 / 30 / 2015
Mailing Address <b>Meadow Wood Drive</b>		Amount of Each Receipt this Period 200.00
City <b>Chesapeake</b>	State <b>VA</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 200.00
Name of Employer <b>Christie's Catering and Consulting</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Craig, Christie</b>		Date of Receipt 12 / 08 / 2015
Mailing Address <b>Meadow Wood Drive</b>		Amount of Each Receipt this Period 1000.00
City <b>Chesapeake</b>	State <b>VA</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 1,200.00
Name of Employer <b>Christie's Catering and Consulting</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Craig, Christie</b>		Date of Receipt 12 / 08 / 2016
Mailing Address <b>Meadow Wood Drive</b>		Amount of Each Receipt this Period 50.00
City <b>Chesapeake</b>	State <b>VA</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 1,250.00
Name of Employer <b>Christie's Catering and Consulting</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1,250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

2016-02-01 09:00:00

**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 **6** OF **6**

<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)

**MODERN REPUBLICAN WOMEN**

Full Name (Last, First, Middle Initial)

**A. Ike, Brenda**

Mailing Address  
**528 Hartswood Terrace**

City  
**Chesapeake**

State  
**VA**

Zip Code  
**23322**

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**Sentry Security**

Occupation  
**Vice President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**260.00**

Date of Receipt

**10 / 21 / 2015**

Amount of Each Receipt this Period

**170.00**

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

**170.00**

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

**3,535.00**

2015-01-01 00:00:00

**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 1 OF 3
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a
	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c
	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
**MODERN REPUBLICAN WOMEN**

Full Name (Last, First, Middle Initial)

**A. The Mermaid Factory**

Date of Disbursement: MM/DD/YYYY **09/08/2015**

Mailing Address: **919 West 21st Street**

City: **Norfolk** State: **VA** Zip Code: **23517**

Purpose of Disbursement: **Materials for fundraiser** Category/Type: **003**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **200.00**

Full Name (Last, First, Middle Initial)

**B. Let's Talk Wine**

Date of Disbursement: MM/DD/YYYY **10/30/2015**

Mailing Address: **2361 Carmichael Way**

City: **Chesapeake** State: **VA** Zip Code: **23322**

Purpose of Disbursement: **Supplier for fundraiser** Category/Type: **003**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **477.00**

Full Name (Last, First, Middle Initial)

**C. Dacia Marxrieser**

Date of Disbursement: MM/DD/YYYY **11/04/2015**

Mailing Address: **1520 Pine Grove Lane**

City: **Chesapeake** State: **VA** Zip Code: **23321**

Purpose of Disbursement: **Reimbursement for purchased items for fundraiser** Category/Type: **003**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **233.77**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **910.77**

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

NOT FOR ONLINE FILING

**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 <b>2</b> OF <b>3</b>
	<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	

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)  
**MODERN REPUBLICAN WOMEN**

Full Name (Last, First, Middle Initial) <b>A. Maverick PAC</b>		Date of Disbursement MM / DD / YYYY <b>07 / 14 / 2015</b>
Mailing Address <b>1000 Wisconsin Ave. NW #300</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Washington</b>	State <b>DC</b>	
Purpose of Disbursement <b>Advertisement at conference</b>		Category/ Type <b>004</b>
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) <b>B. Joe Pozerychi Jr.</b>		Date of Disbursement MM / DD / YYYY <b>11 / 23 / 2015</b>
Mailing Address <b>25 Lincoln Circle East</b>		Amount of Each Disbursement this Period <b>795.00</b>
City <b>Andover</b>	State <b>MA</b>	
Purpose of Disbursement <b>Website development</b>		Category/ Type <b>004</b>
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) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>1,795.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

NON-CONFIDENTIAL REPORT

**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 <u>3</u> OF <u>3</u>
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)  
**MODERN REPUBLICAN WOMEN**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Newport University College Republicans**

Date of Disbursement  
MM / DD / YYYY  
**10 / 28 / 2015**

Mailing Address  
**1 Avenue of the Arts**

City State Zip Code  
**Newport News VA 23517**

Purpose of Disbursement  
**Financial support for supplies**

Candidate Name

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

State: District:

Amount of Each Disbursement this Period  
**250.00**

Category/Type  
**011**

**B.** Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Amount of Each Disbursement this Period

Category/Type

**C.** Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional).....▶ **250.00**

**TOTAL** This Period (last page this line number only).....▶ **2,955.77**

NON-FUNCTIONAL INFORMATION

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt  
1/28/16 2/3/16

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

2/3/16  
 DATE PREPARED

NON-FEDERAL DOCUMENT