

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 06 01 2009 through 06 30 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 07 19 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								
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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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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"><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	25171.73									
(c) Total Receipts (from Line 19)	12266.00	65392.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37437.73	77838.66								
7. Total Disbursements (from Line 31)	14555.26	54956.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22882.47	22882.47								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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		
(i) Itemized (use Schedule A)	6376.00	23182.00
(ii) Unitemized	4890.00	40460.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11266.00	63642.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1750.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12266.00	65392.00
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))	12266.00	65392.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12266.00	65392.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	14355.26	51701.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	14355.26	51701.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	1254.88
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
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	200.00	200.00
(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))	200.00	200.00
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))..	14555.26	54956.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14555.26	54956.19

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	12266.00	65392.00
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12066.00	65192.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14355.26	51701.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14355.26	51701.31

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

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

FOR LINE NUMBER: PAGE 6 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Matthew Ames

Mailing Address 8939 Colesbury PI

City State Zip Code
Fairfax VA 22031

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

Name of Employer Occupation
Miller and Van Eaton Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: SA11AI.11677

Amount of Each Receipt this Period
100.00

contribution

B. Full Name (Last, First, Middle Initial)
Matthew Ames

Mailing Address 8939 Colesbury PI

City State Zip Code
Fairfax VA 22031

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

Name of Employer Occupation
Miller and Van Eaton Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: SA11AI.11795

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
Sue Andres

Mailing Address 6919 N 30th St

City State Zip Code
Arlington VA 22216

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

Name of Employer Occupation
Union Pacific Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2009

Transaction ID: SA11AI.11652

Amount of Each Receipt this Period
500.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs Linda L Bartlett

Mailing Address 4316 Wakefield Dr.

City Annandale State VA Zip Code 22003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 06 / 29 / 2009
Transaction ID: SA11AI.11763
 Amount of Each Receipt this Period: 100.00
 contribution

B. Full Name (Last, First, Middle Initial)
Robert B. Bell

Mailing Address 7701 Carrleigh Parkway

City Springfield State VA Zip Code 22152

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 06 / 15 / 2009
Transaction ID: SA11AI.11686
 Amount of Each Receipt this Period: 100.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Dale Mark Benedict

Mailing Address 7006 Cottontail Ct.

City Springfield State VA Zip Code 22153

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

Name of Employer self Occupation Tutor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 03 / 2009
Transaction ID: SA11AI.11643
 Amount of Each Receipt this Period: 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 450.00

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 8 / 26
	<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) Jeff Burton		Date of Receipt
	Mailing Address 3413 Burgundy Rd		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Alexandria	VA	22303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer US house of Reps		Occupation Coalitions Director	Transaction ID: SA11AI.11670
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	contribution

B.	Full Name (Last, First, Middle Initial) Mark R. Cadin		Date of Receipt
	Mailing Address 13118 Applegrove Ln		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oak Hill	VA	20171
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AALU		Occupation Government Relations	Transaction ID: SA11AI.11750
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="text" value="350.00"/>	contribution

C.	Full Name (Last, First, Middle Initial) John Cline		Date of Receipt
	Mailing Address 4501 35th Rd N		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer C2 Group		Occupation Consultant	Transaction ID: SA11AI.11668
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 9 / 26
	<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)
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.	Full Name (Last, First, Middle Initial) Chris Cox		Date of Receipt
	Mailing Address 2205 Windsor Rd		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Alexandria	VA	22307
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Navigators LLC		Occupation Gov Affairs	Transaction ID: SA11AI.11696
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
Contribution			

B.	Full Name (Last, First, Middle Initial) Thomas Crawford		Date of Receipt
	Mailing Address 601 Lloyds Ln		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Alexandria	VA	22302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer C2 Group		Occupation Govt Affairs	Transaction ID: SA11AI.11665
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
contribution			

C.	Full Name (Last, First, Middle Initial) Christopher Frech		Date of Receipt
	Mailing Address 1653 Fitzgerald Ln		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Alexandria	VA	22310
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer EBS		Occupation Govt Affairs	Transaction ID: SA11AI.11658
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 26
(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)
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.

Full Name (Last, First, Middle Initial) Mr Kevin Gentry		Date of Receipt MM / DD / YYYY 06 / 05 / 2009
Mailing Address 9704 Bronte Drive		Transaction ID: SA11AI.11647
City Fairfax	State VA	Zip Code 22032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Koch Industries	Occupation Attorney	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

B.

Full Name (Last, First, Middle Initial) Carlyle Gregory		Date of Receipt MM / DD / YYYY 06 / 29 / 2009
Mailing Address 6709 Kennedy Ln		Transaction ID: SA11AI.11721
City Falls Church	State VA	Zip Code 22042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Paul F Haughton		Date of Receipt MM / DD / YYYY 06 / 29 / 2009
Mailing Address 3839 Dominion Mill Ct		Transaction ID: SA11AI.11729
City Alexandria	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1391.00
Name of Employer House Republican Campaign Cmte	Occupation Political Consultant	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1391.00	

SUBTOTAL of Receipts This Page (optional)	▶	1741.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Tim Hutchinson
 Mailing Address 5605 James Gunnell Ln
 City State Zip Code
 Alexandria VA 22311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dickstein Shapiro Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 06 / 05 / 2009
Transaction ID: SA11AI.11656
 Amount of Each Receipt this Period: 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
David Javdan
 Mailing Address 1920 12th St NW # 2
 City State Zip Code
 Washington DE 20007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alvarez and Marsal Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 06 / 15 / 2009
Transaction ID: SA11AI.11672
 Amount of Each Receipt this Period: 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Mary J Lucas
 Mailing Address 6163 Hidden Canyon Rd
 City State Zip Code
 Centreville VA 20120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Capital Corp Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00
 Date of Receipt: 06 / 29 / 2009
Transaction ID: SA11AI.11742
 Amount of Each Receipt this Period: 100.00
 contribution

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James McCreery
Mailing Address 1011 Gelston Circle
City Mclean State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer Capitol Counsel Occupation Govt Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 05 / 2009
Transaction ID: SA11AI.11663
Amount of Each Receipt this Period 300.00
contribution

B. Full Name (Last, First, Middle Initial)
Steven Mullins
Mailing Address 1127 Walker Rd
City Great Falls State VA Zip Code 22066
FEC ID number of contributing federal political committee. **C**
Name of Employer KZO Innovations Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 03 / 2009
Transaction ID: SA11AI.11641
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Mrs. Rebecca Pick
Mailing Address 3185 Wheatland Farms
City Oakton State VA Zip Code 22124
FEC ID number of contributing federal political committee. **C**
Name of Employer RWD Technologies Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 06 / 29 / 2009
Transaction ID: SA11AI.11754
Amount of Each Receipt this Period 35.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 585.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rob Quartel

Mailing Address 3220 Nebraska Ave NW

City Washington State DC Zip Code 20016

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

Name of Employer FreightDesk Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2009
Transaction ID: SA11AI.11661
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Michael P. Sirh

Mailing Address 6505 Ursline Court

City McLean State VA Zip Code 22101

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

Name of Employer Patton Bloggs Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2009
Transaction ID: SA11AI.11660
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Jackson D Toof

Mailing Address 5497 Clonmel Ct

City Alexandria State VA Zip Code 22315

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

Name of Employer Arent Fox LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 11 / 2009
Transaction ID: SA11AI.11632
Amount of Each Receipt this Period 100.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 26
(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)
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.

Full Name (Last, First, Middle Initial) Mrs. Heather Lillian Vogl		Date of Receipt MM / DD / YYYY 06 / 05 / 2009
Mailing Address 10156 Village Knolls Court		Transaction ID: SA11AI.11655
City Oakton	State VA	Zip Code 22124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

B.

Full Name (Last, First, Middle Initial) Robb Watters		Date of Receipt MM / DD / YYYY 06 / 11 / 2009
Mailing Address 627 Philip Digges Dr		Transaction ID: SA11AI.11637
City Great Falls	State VA	Zip Code 22066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Madison Group	Occupation Managing Partner	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Julia Williams		Date of Receipt MM / DD / YYYY 06 / 29 / 2009
Mailing Address 12305 Delevan Dr		Transaction ID: SA11AI.11789
City Herndon	State VA	Zip Code 20171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Requested	Occupation Requested	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	6376.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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

A.	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE		Date of Receipt	
	Mailing Address 631-B Pennsylvania Ave., SE Basement UNIT		M M / D D / Y Y Y Y 06 / 29 / 2009	
	City	State	Zip Code	Transaction ID: SA11C.11802
	Washington	DC	20003	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

contribution

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	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) American Express	Transaction ID: SB21B.11581 Date of Disbursement
	Mailing Address PO Box 1279	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement see memo items	<input type="text" value="4328.59"/>
	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.11710 Date of Disbursement
	Mailing Address 7138 Little River TP # 210	<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	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) Capitol Office Solutions	Transaction ID: SB21B.11592 Date of Disbursement
	Mailing Address 12301 Kiln Ct	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Beltsville State MD Zip Code 20705	Amount of Each Disbursement this Period
	Purpose of Disbursement copier service and lease	<input type="text" value="581.86"/>
	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5078.59"/>
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)

PAGE 17 / 26

<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) Cavalier Telephone	Transaction ID: SB21B.11593 Date of Disbursement																			
	Mailing Address P.O. Box 1146	<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>6</td><td></td><td>1</td><td>8</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	6		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
	City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																			
	Purpose of Disbursement telephone Candidate Name	<table border="1"><tr><td>389.09</td></tr></table>	389.09																		
389.09																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	Category/Type: 001																				

B.	Full Name (Last, First, Middle Initial) Cavalier Telephone	Transaction ID: SB21B.11594 Date of Disbursement																			
	Mailing Address P.O. Box 1146	<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>6</td><td></td><td>1</td><td>8</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	6		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
	City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																			
	Purpose of Disbursement telephone Candidate Name	<table border="1"><tr><td>406.29</td></tr></table>	406.29																		
406.29																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	Category/Type: 001																				

C.	Full Name (Last, First, Middle Initial) City of Fairfax	Transaction ID: SB21B.11700 Date of Disbursement																			
	Mailing Address University Dr	<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>6</td><td></td><td>0</td><td>2</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	6		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	9												
	City Fairfax State VA Zip Code 22035	Amount of Each Disbursement this Period																			
	Purpose of Disbursement property tax Candidate Name	<table border="1"><tr><td>1548.24</td></tr></table>	1548.24																		
1548.24																					
	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) ▼																				
	Category/Type: 001																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1548.24</td></tr></table>	1548.24
1548.24		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.11582																					
	Constant Contact	Date of Disbursement																					
	Mailing Address 1601 Trapelo Road #329	<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>6</td><td></td><td>1</td><td>8</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	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	8		2	0	0	9														
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period																					
	Purpose of Disbursement subscription	<table border="1"> <tr> <td>28.50</td> </tr> </table>		28.50																			
28.50																							
	Candidate Name	<table border="1"> <tr> <td>004</td> </tr> </table> Category/Type		004																			
004																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
	State: District:	<input type="checkbox"/> Other (specify) ▼																					

[MEMO ITEM]

B. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.11604																					
	Constant Contact	Date of Disbursement																					
	Mailing Address 1601 Trapelo Road #329	<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>6</td><td></td><td>1</td><td>8</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	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	8		2	0	0	9														
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period																					
	Purpose of Disbursement subscription	<table border="1"> <tr> <td>28.50</td> </tr> </table>		28.50																			
28.50																							
	Candidate Name	<table border="1"> <tr> <td>004</td> </tr> </table> Category/Type		004																			
004																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
	State: District:	<input type="checkbox"/> Other (specify) ▼																					

[MEMO ITEM]

C. Costco	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.11596																					
	Costco	Date of Disbursement																					
	Mailing Address 4725 W Ox Road	<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>6</td><td></td><td>1</td><td>8</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	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	8		2	0	0	9														
	City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period																					
	Purpose of Disbursement office supplies	<table border="1"> <tr> <td>218.72</td> </tr> </table>		218.72																			
218.72																							
	Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/Type		001																			
001																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
	State: District:	<input type="checkbox"/> Other (specify) ▼																					

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"> <tr> <td></td> </tr> </table>	

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) Cox Communications Inc Mailing Address 4246 Chain Bridge Rd City Fairfax State VA Zip Code 22033 Purpose of Disbursement internet service 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.11588 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period 151.06
			[MEMO ITEM]
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.11705 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 191.74
C.	Full Name (Last, First, Middle Initial) Digital Donation, Inc Mailing Address PO Box 82130 City Baton Rouge State LA Zip Code 70884 Purpose of Disbursement processing fees 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.11699 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 499.50

SUBTOTAL of Disbursements This Page (optional)	691.24
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)

A. Full Name (Last, First, Middle Initial) Digital Donation, Inc <hr/> Mailing Address PO Box 82130 <hr/> City Baton Rouge State LA Zip Code 70884 Purpose of Disbursement processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11698 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2009
	Amount of Each Disbursement this Period 820.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Dominion Virginia Power <hr/> Mailing Address P.O. Box 26543 <hr/> City Richmond State VA Zip Code 23290 Purpose of Disbursement utility Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11706 Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2009
	Amount of Each Disbursement this Period 28.99
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Dominion Virginia Power <hr/> Mailing Address P.O. Box 26543 <hr/> City Richmond State VA Zip Code 23290 Purpose of Disbursement utility Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11707 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2009
	Amount of Each Disbursement this Period 84.94
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

933.93

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)

A.	Full Name (Last, First, Middle Initial) Fairfax Professional Village	Transaction ID: SB21B.11704 Date of Disbursement
	Mailing Address 4240 Chain Bridge Road	<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement condo fees	<input type="text" value="2353.26"/>
	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) Marriott Hotel Inc	Transaction ID: SB21B.11606 Date of Disbursement
	Mailing Address 550 E Broad St	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement Hotel - convention	<input type="text" value="137.07"/>
	Candidate Name	<input type="text" value="002"/> 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) Marriott Hotel Inc	Transaction ID: SB21B.11607 Date of Disbursement
	Mailing Address 550 E Broad St	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement hotel - convention	<input type="text" value="274.14"/>
	Candidate Name	<input type="text" value="002"/> 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]

SUBTOTAL of Disbursements This Page (optional) ▶

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)

A.	Full Name (Last, First, Middle Initial) Marriott Hotel Inc	Transaction ID: SB21B.11608 Date of Disbursement MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 550 E Broad St	Amount of Each Disbursement this Period 296.74
	City Richmond State VA Zip Code 23219	
	Purpose of Disbursement hotel - convention Candidate Name	002 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) Kerry O'Brien	Transaction ID: SB21B.11702 Date of Disbursement MM / DD / YYYY 06 / 03 / 2009
	Mailing Address 7903 Clifton Hunt Ct	Amount of Each Disbursement this Period 500.00
	City Clifton State VA Zip Code 20124	
	Purpose of Disbursement salary 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) Seamus Owens	Transaction ID: SB21B.11701 Date of Disbursement MM / DD / YYYY 06 / 03 / 2009
	Mailing Address 4246 Chain Bridge Rd	Amount of Each Disbursement this Period 750.00
	City Fairfax State VA Zip Code 22033	
	Purpose of Disbursement salary 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

<input 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) Political Media Inc	Transaction ID: SB21B.11712 Date of Disbursement
	Mailing Address 406 First St	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement website development Candidate Name	<input type="text" value="1000.00"/>
	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) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Red Hot and Blue Rest.	Transaction ID: SB21B.11609 Date of Disbursement
	Mailing Address 4101 Chain Bridge Rd	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement meals Candidate Name	<input type="text" value="45.96"/>
	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) ▼
		001 Category/Type

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Red Wired and Blue	Transaction ID: SB21B.11714 Date of Disbursement
	Mailing Address 4246 Chain Bridge Rd	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement database services Candidate Name	<input type="text" value="1500.00"/>
	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) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)

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)

A.	Full Name (Last, First, Middle Initial) Rite Aid Pharmacy Mailing Address 8416 Lee Hwy 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.11598 Date of Disbursement 06 / 18 / 2009 Amount of Each Disbursement this Period 10.35 [MEMO ITEM]	
B.	Full Name (Last, First, Middle Initial) Staples Mailing Address 9470 Arlington Blvd City Fairfax State VA Zip Code 22031 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.11585 Date of Disbursement 06 / 18 / 2009 Amount of Each Disbursement this Period 4.50 [MEMO ITEM]	
C.	Full Name (Last, First, Middle Initial) Staples Mailing Address 9470 Arlington Blvd City Fairfax State VA Zip Code 22031 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.11586 Date of Disbursement 06 / 18 / 2009 Amount of Each Disbursement this Period 14.69 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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) Staples	Transaction ID: SB21B.11595 Date of Disbursement
	Mailing Address 9470 Arlington Blvd	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies	<input type="text" value="62.99"/>
	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) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.11610 Date of Disbursement
	Mailing Address 9470 Arlington Blvd	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies	<input type="text" value="82.32"/>
	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) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) The Examiner Newspaper	Transaction ID: SB21B.11583 Date of Disbursement
	Mailing Address 6850 Versar Ctr # 300	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Springfield State VA Zip Code 22150	Amount of Each Disbursement this Period
	Purpose of Disbursement publish convention call	<input type="text" value="1350.42"/>
	Candidate Name	<input type="text" value="004"/> 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]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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) 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.11601 Date of Disbursement 06 / 18 / 2009
	Amount of Each Disbursement this Period 220.00 [MEMO ITEM]
B. 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.11584 Date of Disbursement 06 / 18 / 2009
	Amount of Each Disbursement this Period 53.89 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	14355.26