

# 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 04 01 2007 through 04 30 2007

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 09 17 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		1113.01
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	6237.11									
(c) Total Receipts (from Line 19) .....	8050.00	18050.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	14287.11	19163.01								
7. Total Disbursements (from Line 31) .....	9881.64	14757.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4405.47	4405.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	14334.36									

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	4750.00	4750.00
(i) Itemized (use Schedule A) .....	300.00	300.00
(ii) Unitemized .....	5050.00	5050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1000.00	1000.00
(b) Political Party Committees .....	2000.00	12000.00
(c) Other Political Committees (such as PACs) .....	8050.00	18050.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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)) .....	8050.00	18050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8050.00	18050.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9881.64	14757.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9881.64	14757.54
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))..	9881.64	14757.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9881.64	14757.54

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	8050.00	18050.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8050.00	18050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9881.64	14757.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9881.64	14757.54

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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)  
Gary B. Baird

Mailing Address 10212 Sager Avenue

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.7070

Amount of Each Receipt this Period  
500.00

contribution

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

Mailing Address 7123 Galgate Drive

City State Zip Code  
Springfield VA 22152

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

Name of Employer Occupation  
Fairfax County Clerk of the Court

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.7081

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael W. Thompson, Jr.

Mailing Address 6307 Buffie Ct

City State Zip Code  
Burke VA 22015

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

Name of Employer Occupation  
Creative Response Concepts Advertising

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.29

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.7106

Amount of Each Receipt this Period  
326.29

In-kind - Telephone

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1076.29**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<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)  
Michael W. Thompson, Jr.

Mailing Address 6307 Buffie Ct

City State Zip Code  
Burke VA 22015

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

Name of Employer Creative Response Concepts Occupation Advertising

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2636.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.7111

Amount of Each Receipt this Period  
2309.73

In-kind - Past Due Telephone

**B.** Full Name (Last, First, Middle Initial)  
Michael W. Thompson, Jr.

Mailing Address 6307 Buffie Ct

City State Zip Code  
Burke VA 22015

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

Name of Employer Creative Response Concepts Occupation Advertising

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.7135

Amount of Each Receipt this Period  
363.98

In-kind - Condo Fees

**C.** Full Name (Last, First, Middle Initial)  
Michael W. Thompson, Jr.

Mailing Address 6307 Buffie Ct

City State Zip Code  
Burke VA 22015

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

Name of Employer Creative Response Concepts Occupation Advertising

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.7073

Amount of Each Receipt this Period  
1000.00

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3673.71</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4750.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24  
(check only one)

<input type="checkbox"/> 11a	<input checked="" 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)  
11th Congressional District of VA Republican Committee

Mailing Address 10412 Main St

City	State	Zip Code
Fairfax	VA	22030

FEC ID number of contributing federal political committee. **C** C00273755

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

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2007

Transaction ID: SA11B.7071

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Eighth Congressional District Republican Committee

Mailing Address 1122 Wedge Drive

City State Zip Code  
Reston VA 22102

FEC ID number of contributing federal political committee. **C** C00043919

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 9 / 2 0 0 7

**Transaction ID:** SA11C.7080

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Friends of Michelle Brickner

Mailing Address POBox 2367

City State Zip Code  
Springfield VA 22151

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 9 / 2 0 0 7

**Transaction ID:** SA11C.7077

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

# 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 10 / 24

<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)

Full Name (Last, First, Middle Initial) <b>A. Cavalier Telephone</b>		<b>Transaction ID:</b> SB21B.7125 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 1146		Amount of Each Disbursement this Period 1622.84
City Richmond State VA Zip Code 23230	Purpose of Disbursement Telephone pd by in-kind 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) ▼

Full Name (Last, First, Middle Initial) <b>B. Cavalier Telephone</b>		<b>Transaction ID:</b> SB21B.7160 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 1146		Amount of Each Disbursement this Period 320.35
City Richmond State VA Zip Code 23230	Purpose of Disbursement telephone 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) ▼

Full Name (Last, First, Middle Initial) <b>C. Cavalier Telephone</b>		<b>Transaction ID:</b> SB21B.7176 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 1146		Amount of Each Disbursement this Period 48.51
City Richmond State VA Zip Code 23230	Purpose of Disbursement telephone 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1991.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 24

<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)

Full Name (Last, First, Middle Initial) <b>A. Cavalier Telephone</b>		<b>Transaction ID:</b> SB21B.7179 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 1146		Amount of Each Disbursement this Period 318.03
City Richmond State VA Zip Code 23230	Purpose of Disbursement telephone 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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Christian Curto</b>		<b>Transaction ID:</b> SB21B.7067 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7
Mailing Address 1808 N Quinn St # 415		Amount of Each Disbursement this Period 4194.93
City Rosslyn State VA Zip Code 22209	Purpose of Disbursement Executive Director Fee & 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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Fairfax Professional Village</b>		<b>Transaction ID:</b> SB21B.7181 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 4240 Chain Bridge Road		Amount of Each Disbursement this Period 180.83
City Fairfax State VA Zip Code 22030	Purpose of Disbursement condo fee 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) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4693.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 12 / 24

<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)

Full Name (Last, First, Middle Initial) <b>A. Fairfax Professional Village</b>		<b>Transaction ID:</b> SB21B.7183 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 4240 Chain Bridge Road		Amount of Each Disbursement this Period 2.32
City Fairfax State VA Zip Code 22030	Purpose of Disbursement condo fee Candidate Name 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Michael W. Thompson, Jr.</b>		<b>Transaction ID:</b> SB21B.7107 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 6307 Buffie Ct		Amount of Each Disbursement this Period 326.29
City Burke State VA Zip Code 22015	Purpose of Disbursement In-kind - Telephone Candidate Name 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Michael W. Thompson, Jr.</b>		<b>Transaction ID:</b> SB21B.7112 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 6307 Buffie Ct		Amount of Each Disbursement this Period 2309.73
City Burke State VA Zip Code 22015	Purpose of Disbursement In-kind - Past Due Telephone Candidate Name 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2638.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 24

<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)  
FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A. Full Name (Last, First, Middle Initial)  
Michael W. Thompson, Jr.

Mailing Address 6307 Buffie Ct

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
In-kind - Condo Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7136

Date of Disbursement

/   /

Amount of Each Disbursement this Period

363.98

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

363.98

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

9687.81

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cavalier Telephone	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 1146	
City State ZIP Code Richmond VA 23230	

Outstanding Balance Beginning This Period 1622.84	<b>Transaction ID:</b> SD10.7100	
Amount Incurred This Period 0.00	Payment This Period 1622.84	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cavalier Telephone	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 1146	
City State ZIP Code Richmond VA 23230	

Outstanding Balance Beginning This Period 48.51	<b>Transaction ID:</b> SD10.7101	
Amount Incurred This Period 0.00	Payment This Period 48.51	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cavalier Telephone	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 1146	
City State ZIP Code Richmond VA 23230	

Outstanding Balance Beginning This Period 318.03	<b>Transaction ID:</b> SD10.7102	
Amount Incurred This Period 0.00	Payment This Period 318.03	Outstanding Balance at Close of This Period 0.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cavalier Telephone	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 1146	
City State ZIP Code Richmond VA 23230	

Outstanding Balance Beginning This Period 320.35	<b>Transaction ID:</b> SD10.7103	
Amount Incurred This Period 0.00	Payment This Period 320.35	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Executive Press	Nature of Debt (Purpose): Printing
Mailing Address Main Street	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period 2843.95	<b>Transaction ID:</b> SD10.7088	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2843.95

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Executive Press	Nature of Debt (Purpose): Printing
Mailing Address Main Street	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period 409.50	<b>Transaction ID:</b> SD10.7089	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 409.50

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	3253.45
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 / 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Executive Press	Nature of Debt (Purpose): Printing
Mailing Address Main Street	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period <input type="text" value="377.27"/>	<b>Transaction ID: SD10.7090</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="377.27"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Executive Press	Nature of Debt (Purpose): Printing
Mailing Address Main Street	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period <input type="text" value="2062.73"/>	<b>Transaction ID: SD10.7091</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2062.73"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Executive Press	Nature of Debt (Purpose): Printing
Mailing Address Main Street	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period <input type="text" value="341.25"/>	<b>Transaction ID: SD10.7092</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="341.25"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2781.25"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 / 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Executive Press	Nature of Debt (Purpose): Printing
Mailing Address Main Street	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period <input type="text" value="6321.00"/>	<b>Transaction ID: SD10.7094</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6321.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Executive Press	Nature of Debt (Purpose): Printing
Mailing Address Main Street	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period <input type="text" value="1291.50"/>	<b>Transaction ID: SD10.7096</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1291.50"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Executive Press	Nature of Debt (Purpose): Printing
Mailing Address Main Street	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period <input type="text" value="687.16"/>	<b>Transaction ID: SD10.7097</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="687.16"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="8299.66"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Fairfax Professional Village	Nature of Debt (Purpose): Condo Fee
Mailing Address 4240 Chain Bridge Road	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period 180.83	<b>Transaction ID:</b> SD10.7115	
Amount Incurred This Period 0.00	Payment This Period 180.83	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Fairfax Professional Village	Nature of Debt (Purpose): Condo Fees
Mailing Address 4240 Chain Bridge Road	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period 180.83	<b>Transaction ID:</b> SD10.7116	
Amount Incurred This Period 0.00	Payment This Period 180.83	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Fairfax Professional Village	Nature of Debt (Purpose): Condo Fees
Mailing Address 4240 Chain Bridge Road	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period 2.32	<b>Transaction ID:</b> SD10.7117	
Amount Incurred This Period 0.00	Payment This Period 2.32	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	14334.36
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

Form/Schedule: **F3XA**

Transaction ID:

This report contains amendments made to correct two items: 1. Schedule B payments to Cavalier Telephone in repayment of debt but no corresponding payments reported on Schedule D and one debt repayment resulting in a negative balance. The report has been amended to properly record the debt repayments and correct the negative balance on Schedule D. 2. Schedule D payments to Fairfax Professional Village that total the amount of debt but do not correspond correctly to the reported debts resulting in a negative balance. The report has been amended to properly record the debt repayments and correct the negative balance.

Form/Schedule: **SA11A1**

Transaction ID: **SA11A1.7108**

This inkind contribution is the current telephone bill paid with the past due bills reported on Line 10. The inkind contribution (including the Condo Fee bills) was refunded on 5/8/07 check # 1468 in the amount of \$3000 and will appear on the June report.

Image# 27931201621

Form/Schedule: **SA11A1** This inkind contribution was used to pay the Cavalier Telephone bills reported on Line 10. The inkind contribution (including the Condo Fee bills) was refunded on 5/8/07 check # 1468 in the amount of \$3000 and will appear on the June report.  
Transaction ID: **SA11A1.7111**

Form/Schedule: **SA11A1** The condo fee bills were paid by the Thompson in-kind contribution on 4/15/07. The inkind contribution was refunded on 5/8/07 check # 1468 in the amount of \$3000 (including the Cavalier Telephone bills) and will appear on the June report.  
Transaction ID: **SA11A1.7138**

\*\*\*\*\*

**Image# 27931201622**

Form/Schedule: **SD10**      The Cavalier bills were paid by the Thompson in-kind contribution on 4/15/07. The in-kind contribution was refunded on 5/8/07 and will appear on the June report.  
Transaction ID: **SD10.7100**

Form/Schedule: **SD10**      The Cavalier bills were paid by the Thompson in-kind contribution on 4/15/07. The in-kind contribution was refunded on 5/8/07 and will appear on the June report.  
Transaction ID: **SD10.7101**

\*\*\*\*\*

**Image# 27931201623**

Form/Schedule: **SD10**      The Cavalier bills were paid by the Thompson in-kind contribution on 4/15/07. The in-kind contribution was refunded on 5/8/07 and will appear on the June report.  
Transaction ID: **SD10.7102**

Form/Schedule: **SD10**      The Cavalier bills were paid by the Thompson in-kind contribution on 4/15/07. The in-kind contribution was refunded on 5/8/07 and will appear on the June report.  
Transaction ID: **SD10.7103**

\*\*\*\*\*

**Image# 27931201624**

Form/Schedule: **SD10**      The Condo Fee bills were paid by the Thompson in-kind contribution on 4/15/07. The inkind contribution was re-  
Transaction ID: **SD10.7115**      funded on 5/8/07 and will appear on the June report.

Form/Schedule: **SD10**      The Condo Fee bills were paid by the Thompson in-kind contribution on 4/15/07. The inkind contribution was re-  
Transaction ID: **SD10.7116**      funded on 5/8/07 and will appear on the June report.

\*\*\*\*\*

**Image# 27931201625**

Form/Schedule: **SD10**      The Condo Fee bills were paid by the Thompson in-kind contribution on 4/15/07. The in-kind contribution was re-  
Transaction ID: **SD10.7117** funded on 5/8/07 and will appear on the June report.

\*\*\*\*\*