

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2010 through 07 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Charles R. Proctor

Signature of Treasurer Electronically Filed by Mr. Charles R. Proctor Date 08 02 2010

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

Office Use Only **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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		6398.37
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	24141.20									
(c) Total Receipts (from Line 19) .....	1170.00	58166.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	25311.20	64565.17								
7. Total Disbursements (from Line 31) .....	7417.38	46671.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17893.82	17893.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period: From:    To:

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) .....	750.00	8780.00
(ii) Unitemized .....	420.00	49386.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1170.00	58166.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1170.00	58166.80
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1170.00	58166.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1170.00	58166.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	7417.38	46671.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7417.38	46671.35
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))..	7417.38	46671.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7417.38	46671.35

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	1170.00	58166.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1170.00	58166.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7417.38	46671.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7417.38	46671.35

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15  
(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)  
James Lowry

Mailing Address 7310 Burtonwood Dr

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Response America Occupation Direct Mail Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

Transaction ID: SA11AI.13960

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Charles R. Proctor

Mailing Address 1433 Cola Drive

City State Zip Code  
McLean VA 22101

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2010

Transaction ID: SA11AI.13978

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Brian W Schoeneman

Mailing Address 5579 Harrington Falls Lane

City State Zip Code  
Alexandria VA 22312

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

Name of Employer Acacia Strategies Occupation Political Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2010

Transaction ID: SA11AI.13980

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **750.00**

# 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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) 1-800 Flowers.com</p> <p>Mailing Address 1 Old Country Rd #500</p> <p>City Carle Place State NY Zip Code 11514</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13939</p> <p><b>Date of Disbursement</b> 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 81.88</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) 1-800 Flowers.com</p> <p>Mailing Address 1 Old Country Rd #500</p> <p>City Carle Place State NY Zip Code 11514</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13945</p> <p><b>Date of Disbursement</b> 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 68.23</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) 1-800 Flowers.com</p> <p>Mailing Address 1 Old Country Rd #500</p> <p>City Carle Place State NY Zip Code 11514</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13951</p> <p><b>Date of Disbursement</b> 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 57.73</p> <p><b>[MEMO ITEM]</b></p>

**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) American Express	Transaction ID: SB21B.13934 Date of Disbursement
	Mailing Address PO Box 1279	<input type="text" value="07"/> <input type="text" value=""/> / <input type="text" value="12"/> <input type="text" value=""/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value=""/>
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fee	<input type="text" value="4.95"/>
	Candidate Name	<input type="text" value="003"/> 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) American Express	Transaction ID: SB21B.13936 Date of Disbursement
	Mailing Address PO Box 1279	<input type="text" value="07"/> <input type="text" value=""/> / <input type="text" value="14"/> <input type="text" value=""/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value=""/>
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fee	<input type="text" value="1.60"/>
	Candidate Name	<input type="text" value="003"/> 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) American Express	Transaction ID: SB21B.13937 Date of Disbursement
	Mailing Address PO Box 1279	<input type="text" value="07"/> <input type="text" value=""/> / <input type="text" value="16"/> <input type="text" value=""/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value=""/>
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement see memo items	<input type="text" value="3661.44"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3667.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Barchetta Enterprises, LC	Transaction ID: SB21B.13933
	Mailing Address 7138 Little River TP # 210	Date of Disbursement MM / DD / YYYY 07 / 09 / 2010
	City Annandale State VA Zip Code 22003	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement compliance consultant Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Constant Contact	Transaction ID: SB21B.13942
	Mailing Address 1601 Trapelo Road #329	Date of Disbursement MM / DD / YYYY 07 / 14 / 2010
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period 48.50
	Purpose of Disbursement webhosting Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Costco	Transaction ID: SB21B.13948
	Mailing Address 4725 W Ox Road	Date of Disbursement MM / DD / YYYY 07 / 14 / 2010
	City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period 100.94
	Purpose of Disbursement food for event Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cox Communications Inc</p> <p>Mailing Address 4246 Chain Bridge Rd</p> <p>City Fairfax State VA Zip Code 22033</p> <p>Purpose of Disbursement telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13982</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="420.32"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DeLage Landen Financial Services</p> <p>Mailing Address P.O. Box 41601</p> <p>City Philadelphia State PA Zip Code 19101</p> <p>Purpose of Disbursement copier lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13983</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="181.74"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dunkin Donuts</p> <p>Mailing Address 10500 Main St</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement food for volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13955</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.65"/></p> <p><b>[MEMO ITEM]</b></p>

**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) Dunkin Donuts	Transaction ID: SB21B.13956 Date of Disbursement
	Mailing Address 10500 Main St	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement food for volunteers	<input type="text" value="12.48"/>
	Candidate Name	[MEMO ITEM]
	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 <input type="text" value="001"/>	

B.	Full Name (Last, First, Middle Initial) Fairfax Professional Village	Transaction ID: SB21B.13932 Date of Disbursement
	Mailing Address 4240 Chain Bridge Road	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement condo fee	<input type="text" value="214.18"/>
	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 <input type="text" value="001"/>	

C.	Full Name (Last, First, Middle Initial) Hard Times Cafe	Transaction ID: SB21B.13953 Date of Disbursement
	Mailing Address 4069 Chain Bridge Rd	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement meeting expense	<input type="text" value="23.00"/>
	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 <input type="text" value="001"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="214.18"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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) Northern Virginia Regional Park Authority	Transaction ID: SB21B.13943 Date of Disbursement 07 / 14 / 2010
	Mailing Address 5400 Ox Road	Amount of Each Disbursement this Period 2817.50
	City Fairfax Station State VA Zip Code 22039	
	Purpose of Disbursement facility rental Candidate Name	003 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.13930 Date of Disbursement 07 / 02 / 2010
	Mailing Address 7903 Clifton Hunt Ct	Amount of Each Disbursement this Period 1750.00
	City Clifton State VA Zip Code 20124	
	Purpose of Disbursement executive director fee 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) Kerry O'Brien	Transaction ID: SB21B.13984 Date of Disbursement 07 / 27 / 2010
	Mailing Address 7903 Clifton Hunt Ct	Amount of Each Disbursement this Period 250.00
	City Clifton State VA Zip Code 20124	
	Purpose of Disbursement Executive Director 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) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2200 Old Germantown Road</p> <p>City Delray Beach State FL Zip Code 33445</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13952</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="130.12"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Party City</p> <p>Mailing Address Lee Hwy</p> <p>City Fairfax State VA Zip Code 22032</p> <p>Purpose of Disbursement decorations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13949</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.45"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Party City</p> <p>Mailing Address Lee Hwy</p> <p>City Fairfax State VA Zip Code 22032</p> <p>Purpose of Disbursement decorations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13950</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="117.56"/></p> <p><b>[MEMO ITEM]</b></p>

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Political Media Inc	Transaction ID: SB21B.13931 Date of Disbursement
	Mailing Address 406 First St	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement web hosting fee	<input type="text" value="50.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Shell Oil	Transaction ID: SB21B.13957 Date of Disbursement
	Mailing Address 12700 Northborough	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Houston State TX Zip Code 77067	Amount of Each Disbursement this Period
	Purpose of Disbursement fuel	<input type="text" value="35.00"/>
	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) Shoppers Food Warehouse	Transaction ID: SB21B.13946 Date of Disbursement
	Mailing Address 10864 Sudley Manor Dr	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Manassas State VA Zip Code 20109	Amount of Each Disbursement this Period
	Purpose of Disbursement food for event	<input type="text" value="76.88"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="50.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
sunoco oil

Mailing Address Main St

City State Zip Code  
Fairfax VA 22033

Purpose of Disbursement  
fuel

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.13959  
Date of Disbursement

07 / 14 / 2010

Amount of Each Disbursement this Period

45.52

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Transfirst, LLC

Mailing Address 3131 S Vaughn Way #350

City State Zip Code  
Aurora CO 80014

Purpose of Disbursement  
bank fee

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.13935  
Date of Disbursement

07 / 12 / 2010

Amount of Each Disbursement this Period

111.65

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

111.65

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

7395.88