

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
BOB MARSHALL FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	77461.89
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	77461.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	538.85	49969.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	538.85	49969.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	26869.81	
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).....	10475.96	

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 3 (Revised 12/2003)

Write or Type Committee Name

BOB MARSHALL FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	62303.04
(ii) Unitemized.....	0.00	12158.85
(iii) TOTAL of contributions from individuals ▶	0.00	74461.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	77461.89
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	77461.89

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	538.85	49969.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	538.85	49969.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	27408.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	27408.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	538.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	26869.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
BOB MARSHALL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mary Rose Lalli		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 8066 Stillbrooke Road		Amount of Each Disbursement this Period 500.00
City Manassas	State VA Zip Code 20112	
Purpose of Disbursement Accounting Fees		<input type="checkbox"/> Memo Item
Candidate Name BOB MARSHALL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6730
State: VA District: 00	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 6 OF 8
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall		Nature of Debt (Purpose): Campaign Material Expenses to reimbursed on personal credit cards
Mailing Address 7930 Willow Pond Court		
City State Manassas VA	Zip Code 20111	

Outstanding Balance Beginning This Period 2237.21	Transaction ID : SD10.6474	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2237.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall		Nature of Debt (Purpose): Repulican Party Filing Fee to be reimbursed
Mailing Address 7930 Willow Pond Court		
City State Manassas VA	Zip Code 20111	

Outstanding Balance Beginning This Period 6960.00	Transaction ID : SD10.6475	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6960.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall		Nature of Debt (Purpose): Internet/Email Expenses to be reimbursed
Mailing Address 7930 Willow Pond Court		
City State Manassas VA	Zip Code 20111	

Outstanding Balance Beginning This Period 335.52	Transaction ID : SD10.6476	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 335.52

1) SUBTOTALS This Period This Page (optional)	9532.73
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 8
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall		Nature of Debt (Purpose): Meals Expenses to be reimbursed
Mailing Address 7930 Willow Pond Court		
City	State	Zip Code
Manassas	VA	20111

Outstanding Balance Beginning This Period	Transaction ID : SD10.6477	
<input type="text" value="6.25"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6.25"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall		Nature of Debt (Purpose): Office Supplies Expenses on personal credit cards to be reimbursed
Mailing Address 7930 Willow Pond Court		
City	State	Zip Code
Manassas	VA	20111

Outstanding Balance Beginning This Period	Transaction ID : SD10.6478	
<input type="text" value="429.55"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="429.55"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall		Nature of Debt (Purpose): Postage Expenses on personal credit cards to be reimbursed
Mailing Address 7930 Willow Pond Court		
City	State	Zip Code
Manassas	VA	20111

Outstanding Balance Beginning This Period	Transaction ID : SD10.6479	
<input type="text" value="372.87"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="372.87"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="808.67"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall		Nature of Debt (Purpose): Travel/Gas Expenses on personal credit cards to be reimbursed
Mailing Address 7930 Willow Pond Court		
City State Zip Code Manassas VA 20111		

Outstanding Balance Beginning This Period 134.56		Transaction ID : SD10.6480	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 134.56	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	134.56
2) TOTALS This Period (last page this line number only)	10475.96
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	10475.96