

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 Democratic Committee

ADDRESS (number and street) 2815 Hartland Rd Suite 100 Falls Church VA 22043 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00277541 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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

5. Covering Period 01 01 2009 through 01 31 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 Mr. Bruce H Neilson

Signature of Treasurer Electronically Filed by Mr. Bruce H Neilson Date 03 30 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.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Fairfax County Democratic Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

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" 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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		139840.84
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	139840.84									
(c) Total Receipts (from Line 19) .....	36026.21	36026.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	175867.05	175867.05								
7. Total Disbursements (from Line 31) .....	64019.56	64019.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	111847.49	111847.49								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Fairfax County Democratic Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

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	14355.00	14355.00
(i) Itemized (use Schedule A) .....	20655.00	20655.00
(ii) Unitemized .....	35010.00	35010.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	1000.00	1000.00
(c) Other Political Committees (such as PACs) .....	36010.00	36010.00
(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) .....	0.55	0.55
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	-300.00	-300.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	315.66	315.66
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)) .....	36026.21	36026.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36026.21	36026.21

**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.....	49499.67	49499.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	49499.67	49499.67
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.....	6300.00	6300.00
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 .....	8219.89	8219.89
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	8219.89	8219.89
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	64019.56	64019.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64019.56	64019.56

**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 .....	36010.00	36010.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36010.00	36010.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	49499.67	49499.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.55	0.55
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	49499.12	49499.12

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 54  
(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

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 Democratic Committee

**A.**

Full Name (Last, First, Middle Initial)  
Roy Baldwin

Mailing Address 2915 Hunter Mill Rd. #18

City State Zip Code  
Oakton VA 22180

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

Name of Employer Self Occupation  
Self Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

**Transaction ID:** C4089769

Amount of Each Receipt this Period  
70.00

**B.**

Full Name (Last, First, Middle Initial)  
Roy Baldwin

Mailing Address 2915 Hunter Mill Rd. #18

City State Zip Code  
Oakton VA 22180

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

Name of Employer Self Occupation  
Self Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2009

**Transaction ID:** C4090661

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Eleanor Bissell Bochner

Mailing Address 9402 Colonade Dr

City State Zip Code  
Vienna VA 22181-6118

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

Name of Employer Self-Employed Occupation  
Self-Employed Volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2009

**Transaction ID:** C4091640

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **520.00**

**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 7 / 54

(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 Democratic Committee

**A.**

Full Name (Last, First, Middle Initial)  
Eleanor Bissell Bochner

Mailing Address 9402 Colonade Dr

City State Zip Code  
Vienna VA 22181-6118

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

Name of Employer Occupation  
Self-Employed Volunteer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: C4091642

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
Jon Bowerbank

Mailing Address 194 Willow Brook Dr

City State Zip Code  
Rosedale VA 24280-3622

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

Name of Employer Occupation  
EMATS, Inc. Company owner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C4091368

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Amy Ludwiczak Bowman

Mailing Address 8927 Fort Hunt Rd

City State Zip Code  
Alexandria VA 22308-2636

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

Name of Employer Occupation  
Law Office of Amy L. Bowman, P.C. attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: C4090000

Amount of Each Receipt this Period

150.00

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

2225.00

**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 8 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

**A.** Full Name (Last, First, Middle Initial)  
Amy Ludwiczak Bowman  
Mailing Address 8927 Fort Hunt Rd  
City Alexandria State VA Zip Code 22308-2636  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Law Office of Amy L. Bowman, P.C. Occupation attorney  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 01 / 09 / 2009  
Transaction ID: C4090279  
Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
Charlotte Anne Camp  
Mailing Address 6009 Coffey Woods Ct  
City Burke State VA Zip Code 22015-2901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NA Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 01 / 14 / 2009  
Transaction ID: C4090905  
Amount of Each Receipt this Period 225.00

**C.** Full Name (Last, First, Middle Initial)  
Barbara Lee Caputo  
Mailing Address 12304 Westwood Hills Dr  
City Herndon State VA Zip Code 20171-1507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation automation consultant  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00  
Date of Receipt 01 / 27 / 2009  
Transaction ID: C4092474  
Amount of Each Receipt this Period 360.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 660.00  
**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 9 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

**A.** Full Name (Last, First, Middle Initial)  
Joseph Cox  
Mailing Address 4215 Stackler Dr  
City State Zip Code  
Fairfax VA 22030-5560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Catapult Consultants, LLC Occupation Consultant / CPA  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 01 / 16 / 2009  
Transaction ID: C4090898  
Amount of Each Receipt this Period 260.00

**B.** Full Name (Last, First, Middle Initial)  
Creigh Deeds  
Mailing Address PO Box 533  
City State Zip Code  
Richmond VA 23218-0533  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Senate of VA Occupation Senator  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 12 / 2009  
Transaction ID: C4090438  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Christine Ann Delta  
Mailing Address 6619 Goldsboro Rd  
City State Zip Code  
Falls Church VA 22042-4131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Self Employed  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 01 / 09 / 2009  
Transaction ID: C4089965  
Amount of Each Receipt this Period 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 985.00  
**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 10 / 54

(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 Democratic Committee

**A.**

Full Name (Last, First, Middle Initial)  
Michele M Duell

Mailing Address 7413 Grace St

City State Zip Code  
Springfield VA 22150-3916

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

Name of Employer Occupation  
Apptis VP

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Transaction ID: C4091806

Amount of Each Receipt this Period

250.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Ronald Louis England

Mailing Address 7504 Woodside Ln Apt 24

City State Zip Code  
Lorton VA 22079-2011

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

Name of Employer Occupation  
BearingPoint Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	9

Transaction ID: C4092497

Amount of Each Receipt this Period

360.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
John William Foust

Mailing Address 7822 Swinks Mill Ct

City State Zip Code  
McLean VA 22102-2416

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

Name of Employer Occupation  
Self Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Transaction ID: C4089754

Amount of Each Receipt this Period

70.00
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**SUBTOTAL** of Receipts This Page (optional) .....

680.00
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 54  
(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 Democratic Committee

**A.**

Full Name (Last, First, Middle Initial)  
John William Foust

Mailing Address 7822 Swinks Mill Ct

City State Zip Code  
McLean VA 22102-2416

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

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2009

**Transaction ID:** C4089946

Amount of Each Receipt this Period  
175.00

**B.**

Full Name (Last, First, Middle Initial)  
Marc Alan Greidinger

Mailing Address 8306 Uxbridge Ct

City State Zip Code  
Springfield VA 22151-1720

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

Name of Employer self Occupation attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2009

**Transaction ID:** C4091330

Amount of Each Receipt this Period  
225.00

**C.**

Full Name (Last, First, Middle Initial)  
Joyce Henry-Schargorodski

Mailing Address 6208 Sudley Church Ct

City State Zip Code  
Fairfax Station VA 22039-1225

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

Name of Employer Schargorodski & Associates PLC (Law Of Occupation Attorney)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2009

**Transaction ID:** C4091363

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

**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 12 / 54  
(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 Democratic Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mary Ann Hovis

Mailing Address 2700 Green Holly Springs Ct

City State Zip Code  
Oakton VA 22124-1457

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

Name of Employer Occupation  
retired Marketing Ex

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C4092435

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Ann Hovis

Mailing Address 2700 Green Holly Springs Ct

City State Zip Code  
Oakton VA 22124-1457

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

Name of Employer Occupation  
retired Marketing Ex

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C4092480

Amount of Each Receipt this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark L Itzkoff

Mailing Address 6114 Emmett Guards Ct

City State Zip Code  
Fairfax Station VA 22039-1302

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

Name of Employer Occupation  
Olsson Frank Weeda Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 355.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C4091510

Amount of Each Receipt this Period

150.00

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

810.00

**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 13 / 54  
(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 Democratic Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mark L Itzkoff

Mailing Address 6114 Emmett Guards Ct

City State Zip Code  
Fairfax Station VA 22039-1302

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

Name of Employer Olsson Frank Weeda Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

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

**Transaction ID:** C4091854

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark L Itzkoff

Mailing Address 6114 Emmett Guards Ct

City State Zip Code  
Fairfax Station VA 22039-1302

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

Name of Employer Olsson Frank Weeda Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

**Transaction ID:** C4092525

Amount of Each Receipt this Period  
180.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter Kaldes

Mailing Address 6677 Hanson Ln

City State Zip Code  
Lorton VA 22079-1367

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

Name of Employer Weil Gotshal & Manges Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

**Transaction ID:** C4092495

Amount of Each Receipt this Period  
360.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **565.00**

**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 / 54  
(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

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 Democratic Committee

**A.**

Full Name (Last, First, Middle Initial)  
Drew Alan Kleibrink  
Mailing Address 7223 Timber Ln

City State Zip Code  
Falls Church VA 22046-2733

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

Name of Employer Occupation  
Nova Benefits Employee Benefit Consultant

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

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2009

Transaction ID: C4090795

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
William Edward Lahue  
Mailing Address 9825 Laurel St

City State Zip Code  
Fairfax VA 22032-1110

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

Name of Employer Occupation  
Self Employeed Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2009

Transaction ID: C4090330

Amount of Each Receipt this Period  
450.00

**C.**

Full Name (Last, First, Middle Initial)  
Suchada Vichitakul Langley  
Mailing Address 2435 Flint Hill Rd

City State Zip Code  
Vienna VA 22181-5448

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

Name of Employer Occupation  
usda Economist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2009

Transaction ID: C4092477

Amount of Each Receipt this Period  
360.00

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

1110.00

**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 15 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

**A.** Full Name (Last, First, Middle Initial)  
Besra Laws

Mailing Address 3203 Graham Rd

City Falls Church State VA Zip Code 22042-3735

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

Name of Employer Self-Employed Occupation Store Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 20 / 2009

Transaction ID: C4091768

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Walter John Mika, Jr

Mailing Address 5612 Eastbourne Dr

City Springfield State VA Zip Code 22151-1607

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

Name of Employer Not Employed Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 01 / 30 / 2009

Transaction ID: C4092494

Amount of Each Receipt this Period 360.00

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

Mailing Address 4601 Millburn Ct

City Alexandria State VA Zip Code 22309-3165

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

Name of Employer Akin, Gump, Strauss, Hauer & Feld LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 01 / 15 / 2009

Transaction ID: C4091333

Amount of Each Receipt this Period 650.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1310.00

**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 16 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

**A.** Full Name (Last, First, Middle Initial)  
Patrick Joseph Morrison

Mailing Address 6804 Jackson Ave

City Falls Church State VA Zip Code 22042-1910

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

Name of Employer International Association of Fire Figh  
Occupation AGP Education and Training

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 05 / 2009  
**Transaction ID: C4089766**  
 Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Lina D'Gornaz Orr

Mailing Address 9409 Old Courthouse Rd

City Vienna State VA Zip Code 22182-2052

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

Name of Employer Self  
Occupation Business-Owner (Consulting)

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 22 / 2009  
**Transaction ID: C4092415**  
 Amount of Each Receipt this Period 1200.00

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

Mailing Address 4432 Sleaford Rd

City Annandale State VA Zip Code 22003-3925

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2009  
**Transaction ID: C4093149**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 17 / 54
	<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 Democratic Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Angland Rice	Date of Receipt MM / DD / YYYY 01 / 15 / 2009
	Mailing Address 2217 Halcyon Ln	<b>Transaction ID:</b> C4091643
	City State Zip Code Vienna VA 22181-3042	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Nancy Alexander Simmons	Date of Receipt MM / DD / YYYY 01 / 26 / 2009
	Mailing Address 6112 Emmett Guards Ct	<b>Transaction ID:</b> C4127407
	City State Zip Code Fairfax Station VA 22039-1302	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer none Occupation retired Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	* In-Kind: donated space for party fundraiser

<b>C.</b>	Full Name (Last, First, Middle Initial) Laura Austin Sonnenmark	Date of Receipt MM / DD / YYYY 01 / 07 / 2009
	Mailing Address 9114 Volunteer Drive	<b>Transaction ID:</b> C4089992
	City State Zip Code Alexandria VA 22309	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation writer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1800.00
<b>TOTAL</b> 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 18 / 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

**A.** Full Name (Last, First, Middle Initial)  
Steven David Stone

Mailing Address 3608 Oakland Dr

City State Zip Code  
Alexandria VA 22310-2111

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

Name of Employer Occupation  
Stone Associates Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2009

**Transaction ID:** C4092421

Amount of Each Receipt this Period  
350.00

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

Mailing Address 7732 Tauxemont Rd

City State Zip Code  
Alexandria VA 22308-1055

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

Name of Employer Occupation  
Surovell Markle Isaacs & Levy Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2009

**Transaction ID:** C4091265

Amount of Each Receipt this Period  
75.00

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

Mailing Address 7732 Tauxemont Rd

City State Zip Code  
Alexandria VA 22308-1055

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

Name of Employer Occupation  
Surovell Markle Isaacs & Levy Attorney

Receipt For: 2010  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2009

**Transaction ID:** C4091804

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **675.00**

**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 19 / 54

(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 Democratic Committee

**A.**

Full Name (Last, First, Middle Initial)  
Scott A. Surovell

Mailing Address 7739 Tauxemont Rd

City State Zip Code  
Alexandria VA 22308-1056

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

Name of Employer  
Surovell Markle Isaacs & Levy PLC

Occupation  
Attorney

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: C4090855

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott A. Surovell

Mailing Address 7739 Tauxemont Rd

City State Zip Code  
Alexandria VA 22308-1056

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

Name of Employer  
Surovell Markle Isaacs & Levy PLC

Occupation  
Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C4091594

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott A. Surovell

Mailing Address 7739 Tauxemont Rd

City State Zip Code  
Alexandria VA 22308-1056

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

Name of Employer  
Surovell Markle Isaacs & Levy PLC

Occupation  
Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C4091805

Amount of Each Receipt this Period

5.00

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

85.00

**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 20 / 54  
(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 Democratic Committee

**A.**

Full Name (Last, First, Middle Initial) Scott A. Surovell		Date of Receipt MM / DD / YYYY 01 / 28 / 2009	
Mailing Address 7739 Tauxemont Rd		Transaction ID: C4092475	
City Alexandria	State VA	Zip Code 22308-1056	Amount of Each Receipt this Period 180.00
FEC ID number of contributing federal political committee. C			
Name of Employer Surovell Markle Isaacs & Levy PLC	Occupation Attorney	Aggregate Year-to-Date 265.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**B.**

Full Name (Last, First, Middle Initial) Karen M Harris Tate		Date of Receipt MM / DD / YYYY 01 / 20 / 2009	
Mailing Address 11920 Richland Ln		Transaction ID: C4091727	
City Oak Hill	State VA	Zip Code 20171-1516	Amount of Each Receipt this Period 225.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fairfax County Public Schools	Occupation Instructional Assistant Tech	Aggregate Year-to-Date 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	405.00
<b>TOTAL</b> This Period (last page this line number only) .....	14355.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 54  
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

**A.** Full Name (Last, First, Middle Initial)  
Sheet Metal Workers' International Assoc

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 01 / 15 / 2009  
**Transaction ID: C4091677**  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
Sheet Metal Workers' International Assoc

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 01 / 22 / 2009  
**Transaction ID: C4092146**  
Amount of Each Receipt this Period: -350.00

**C.** Full Name (Last, First, Middle Initial)  
Virginia Leadership Pac Multi-Candidate Committee

Mailing Address 800 So St Asaph St 301

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00378356

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 29 / 2009  
**Transaction ID: C4093156**  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ► 1000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 54	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Virginia Commerce Bank		Date of Receipt
	Mailing Address 5350 Lee Hwy		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arlington	VA	22207-1608
	FEC ID number of contributing federal political committee.		Transaction ID: C4096242
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="0.55"/>
Receipt For:		Aggregate Year-to-Date ▼	Adjusting entry to bank deposit
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="316.21"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="0.55"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="0.55"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 54	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Lofton Fairchild		Date of Receipt																					
	Mailing Address 3012 Pecan 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>1</td><td></td><td>3</td><td>0</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	1		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		3	0		2	0	0	9														
	City State Zip Code Chalmette LA 70043		<b>Transaction ID:</b> C4094786																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period -300.00																					
Name of Employer Elite Air Systems		Occupation Air Conditioner Repairperson																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ -300.00																						

Individual contribution returned.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	-300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	-300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 54
	(check only one)	
<input 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 checked="" type="checkbox"/> 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 Democratic Committee

**A.**

Full Name (Last, First, Middle Initial) Virginia Commerce Bank		Date of Receipt
Mailing Address 5350 Lee Hwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 0 1 / 0 6 / 2 0 0 9
City State Zip Code Arlington VA 22207-1608		<b>Transaction ID:</b> C4096245
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 90.00
Name of Employer	Occupation	Adjusting entry to correct a bank deposit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 316.21	

**B.**

Full Name (Last, First, Middle Initial) Virginia Commerce Bank		Date of Receipt
Mailing Address 5350 Lee Hwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 0 1 / 3 0 / 2 0 0 9
City State Zip Code Arlington VA 22207-1608		<b>Transaction ID:</b> C4093978
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 225.66
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 316.21	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 315.66
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 315.66

# 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 Democratic Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Advantage Business Payroll</p> <p>Mailing Address Auburn Branch P O Box 1330 Auburn</p> <p>City Auburn State ME Zip Code 04211-1330</p> <p>Purpose of Disbursement payroll processing fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D212047 <b>Date of Disbursement</b> 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 58.22</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Advantage Business Payroll</p> <p>Mailing Address Auburn Branch P O Box 1330 Auburn</p> <p>City Auburn State ME Zip Code 04211-1330</p> <p>Purpose of Disbursement payroll processing fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D212068 <b>Date of Disbursement</b> 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 132.22</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement credit card discount Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D212067 <b>Date of Disbursement</b> 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 3.10</p> <p>003 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>193.54</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)

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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 Democratic Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement credit card discount</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> D212054</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="71.30"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement credit card discount</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> D212055</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="14.73"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement credit card discount</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> D212056</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="13.96"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="99.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

**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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212064 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="0.78"/>
	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) ▼
		<input type="text" value="003"/> Category/Type

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212083 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="11.16"/>
	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) ▼
		<input type="text" value="003"/> Category/Type

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212051 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="12.72"/>
	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) ▼
		<input type="text" value="003"/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="24.66"/>
<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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212052 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="15.04"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	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: D212042 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="9.30"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	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: D212043 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="9.30"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	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="33.64"/>
<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 Democratic Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement credit card discount</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> D212016</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;"><input type="text" value="6.98"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement credit card discount</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> D212017</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;"><input type="text" value="1.09"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement credit card discount</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> D212020</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;"><input type="text" value="1.09"/></p> <p>Category/Type: <input type="text" value="003"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9.16"/>
<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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D212021 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card discount Candidate Name	<input type="text" value="6.98"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Artistic Photo Services LLC	Transaction ID: D212040 Date of Disbursement
	Mailing Address Peter Klosky, Photographer 115 N.	<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Sterling State VA Zip Code 20164	Amount of Each Disbursement this Period
	Purpose of Disbursement photographic services party fundraiser Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Auburn Quad Inc.	Transaction ID: D212046 Date of Disbursement
	Mailing Address P O Box 390728	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Cambridge State MA Zip Code 02139	Amount of Each Disbursement this Period
	Purpose of Disbursement donor processing fee Candidate Name	<input type="text" value="1.38"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/ Type
	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="258.36"/>
<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 Democratic Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bank Street Band Mailing Address 13529 Ann Grigsby Circle City Centreville State VA Zip Code 20120 Purpose of Disbursement entertainment fund raising expense 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: D212061 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1440.00
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) Brooke Rental Center Mailing Address 321 Mill St. NE City Vienna State VA Zip Code 22180 Purpose of Disbursement dance floor rental party fundraiser 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: D212041 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 918.00
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) D&P Printing & Graphics, Inc. Mailing Address 5641 - I General Washington Drive City Alexandria State VA Zip Code 22312 Purpose of Disbursement Party fundraising event flyer 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: D212028 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 744.45
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3102.45
<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)

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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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) D&P Printing & Graphics, Inc.	Transaction ID: D212029 Date of Disbursement 01 / 10 / 2009
	Mailing Address 5641 - I General Washington Drive	Amount of Each Disbursement this Period 446.25
	City Alexandria State VA Zip Code 22312	
	Purpose of Disbursement Party fundraising event program printing	003 Category/ Type
	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.	Full Name (Last, First, Middle Initial) D&P Printing & Graphics, Inc.	Transaction ID: D212039 Date of Disbursement 01 / 10 / 2009
	Mailing Address 5641 - I General Washington Drive	Amount of Each Disbursement this Period 162.75
	City Alexandria State VA Zip Code 22312	
	Purpose of Disbursement party fundraiser thank you cards printing	003 Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) D&P Printing & Graphics, Inc.	Transaction ID: D212073 Date of Disbursement 01 / 29 / 2009
	Mailing Address 5641 - I General Washington Drive	Amount of Each Disbursement this Period 1194.00
	City Alexandria State VA Zip Code 22312	
	Purpose of Disbursement sample ballot local election	006 Category/ Type
	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) .....	1803.00
<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)

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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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) D&P Printing & Graphics, Inc.	Transaction ID: D212074 Date of Disbursement 01 / 29 / 2009
	Mailing Address 5641 - I General Washington Drive	Amount of Each Disbursement this Period 926.48
	City Alexandria State VA Zip Code 22312	
	Purpose of Disbursement precinct letters local election Candidate Name	006 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) D&P Printing & Graphics, Inc.	Transaction ID: D212075 Date of Disbursement 01 / 29 / 2009
	Mailing Address 5641 - I General Washington Drive	Amount of Each Disbursement this Period 319.20
	City Alexandria State VA Zip Code 22312	
	Purpose of Disbursement absentee letter local election Candidate Name	006 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) de Lage Landen Financial Services	Transaction ID: D212080 Date of Disbursement 01 / 29 / 2009
	Mailing Address 1111 Old Eagle School Rd	Amount of Each Disbursement this Period 246.75
	City Wayne State PA Zip Code 19087	
	Purpose of Disbursement copier lease 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	1492.43
<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)

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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 Democratic Committee

**A.** Discover Business Service Settlement

Full Name (Last, First, Middle Initial)

Mailing Address P O Box 30943

City Salt Lake City State UT Zip Code 84130-0943

Purpose of Disbursement  
credit card discount

Candidate Name

003  
Category/  
Type

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

State: District:

Transaction ID: D212015  
Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

19.10

**B.** Intuit, Inc

Full Name (Last, First, Middle Initial)

Mailing Address Box 2946

City Phoenix State AZ Zip Code 85062-9979

Purpose of Disbursement  
Software upgrade

Candidate Name

001  
Category/  
Type

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

State: District:

Transaction ID: D212053  
Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

755.79

**C.** Jimmy's Old Town Tavern

Full Name (Last, First, Middle Initial)

Mailing Address 697 Spring Street

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
catering fundraising expense

Candidate Name

003  
Category/  
Type

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

State: District:

Transaction ID: D212062  
Date of Disbursement

01 / 25 / 2009

Amount of Each Disbursement this Period

9803.75

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

10578.64

**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)

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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 Democratic Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jimmy's Old Town Tavern</p> <p>Mailing Address 697 Spring Street</p> <p>City Herndon State VA Zip Code 20170</p> <p>Purpose of Disbursement catering fundraising expense</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> D212063</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="252.95"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Richards</p> <p>Mailing Address 18108 Camdenhurst Drive</p> <p>City Gainesville State VA Zip Code 20155</p> <p>Purpose of Disbursement Graphics February newsletter</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> D212079</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Merchant Service</p> <p>Mailing Address c/o World Bankcard Services 10855 Fairfax Blvd. 3rd Fl</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement credit card processing fees</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> D212014</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="572.95"/></p> <p>Category/Type: <input type="text" value="003"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1225.90"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>



# 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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) Nauticon  Mailing Address 15878 Gaither Dr Gaithersburg MD  City Gaithersburg State MD Zip Code 20877  Purpose of Disbursement copier maintenance 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: D212036 Date of Disbursement 01 / 10 / 2009  Amount of Each Disbursement this Period 138.15  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Nauticon  Mailing Address 15878 Gaither Dr Gaithersburg MD  City Gaithersburg State MD Zip Code 20877  Purpose of Disbursement copier maintenance 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: D212078 Date of Disbursement 01 / 29 / 2009  Amount of Each Disbursement this Period 904.02  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) NGP Software, Inc.  Mailing Address 1225 Eye Street, NW Suite 1225  City Washington State DC Zip Code 20005  Purpose of Disbursement accounting and donor database servi 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: D212037 Date of Disbursement 01 / 10 / 2009  Amount of Each Disbursement this Period 1050.00  001 Category/ Type

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

2092.17

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 Democratic Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Northern Virginia Community College</p> <p>Mailing Address Ernst Cultural Center 8333 Little</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement space rental party fundraiser Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D212066 <b>Date of Disbursement</b> 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 280.00</p> <p>003 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nancy Alexander Simmons</p> <p>Mailing Address 6112 Emmett Guards Ct</p> <p>City Fairfax Station State VA Zip Code 22039-1302</p> <p>Purpose of Disbursement donated space for party fundraiser Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D213602 <b>Date of Disbursement</b> 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>* In-Kind Received</p> <p>003 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Springfield Golf and Country Club</p> <p>Mailing Address 8301 Old Keene Mill Road</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Room rental party fundraising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> D212031 <b>Date of Disbursement</b> 01 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 3336.25</p> <p>003 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 4616.25

**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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) Sprint	Transaction ID: D212019 Date of Disbursement 01 / 06 / 2009
	Mailing Address P O Box 8077	Amount of Each Disbursement this Period 106.94
	City London State KY Zip Code 40742	
	Purpose of Disbursement Blackberry monthly service	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) TM 2815 LLC	Transaction ID: D212026 Date of Disbursement 01 / 10 / 2009
	Mailing Address 2815 Hartland Rd Ste 300	Amount of Each Disbursement this Period 3599.25
	City Falls Church State VA Zip Code 22043-3548	
	Purpose of Disbursement December lease space and utilities	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) TM 2815 LLC	Transaction ID: D212027 Date of Disbursement 01 / 10 / 2009
	Mailing Address 2815 Hartland Rd Ste 300	Amount of Each Disbursement this Period 3599.25
	City Falls Church State VA Zip Code 22043-3548	
	Purpose of Disbursement January lease space and utilities	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7305.44
<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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) TM 2815 LLC	Transaction ID: D212082 Date of Disbursement 01 / 29 / 2009
	Mailing Address 2815 Hartland Rd Ste 300	Amount of Each Disbursement this Period 3599.25
	City Falls Church State VA Zip Code 22043-3548	
	Purpose of Disbursement February lease space and utilities 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) US Postal Service - Merrifield	Transaction ID: D212057 Date of Disbursement 01 / 23 / 2009
	Mailing Address 8409 Lee Hwy	Amount of Each Disbursement this Period 3367.66
	City Merrifield State VA Zip Code 22081-0002	
	Purpose of Disbursement precinct letters non federal electi Candidate Name	006 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) US Postal Service - Merrifield	Transaction ID: D212018 Date of Disbursement 01 / 06 / 2009
	Mailing Address 8409 Lee Hwy	Amount of Each Disbursement this Period 650.00
	City Merrifield State VA Zip Code 22081-0002	
	Purpose of Disbursement Party fundraising event postage 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7616.91</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)

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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 Democratic Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P O Box 17577</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement telephone services</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> D212030</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="382.78"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P O Box 17577</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement telephone services</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> D212072</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="422.85"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Virginia ABC</p> <p>Mailing Address Control P. O. Box 27491</p> <p>City Richmond State VA Zip Code 23261-7491</p> <p>Purpose of Disbursement party fundraiser liquor license</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> D212013</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="55.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="860.63"/>
<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 Democratic Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Virginia Commerce Bank</p> <p>Mailing Address 5350 Lee Hwy</p> <p>City Arlington State VA Zip Code 22207-1608</p> <p>Purpose of Disbursement bank service charge</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> D212044</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="30.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement telephone services</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> D212022</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="62.44"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement telephone services</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> D212023</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4718.88"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4811.32"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

**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

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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D212024 Date of Disbursement
	Mailing Address 23 Main Street	<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period
	Purpose of Disbursement telephone services	<input type="text" value="40.46"/>
	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) Laura Austin Sonnenmark	Transaction ID: D212032 Date of Disbursement
	Mailing Address 9114 Volunteer Drive	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22309	Amount of Each Disbursement this Period
	Purpose of Disbursement volunteer party food	<input type="text" value="84.55"/>
	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) Safeway Store # 1283	Transaction ID: D212089 Date of Disbursement
	Mailing Address 8646 Richmond Hwy	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22309	Amount of Each Disbursement this Period
	Purpose of Disbursement volunteer party food	<input type="text" value="84.55"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="125.01"/>
<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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) Laura Austin Sonnenmark	Transaction ID: D212033 Date of Disbursement 01 / 10 / 2009
	Mailing Address 9114 Volunteer Drive	Amount of Each Disbursement this Period 380.57
	City Alexandria State VA Zip Code 22309	
	Purpose of Disbursement volunteer party food	001 Category/ Type
	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.	Full Name (Last, First, Middle Initial) Costco Newington Springfield	Transaction ID: D212088 Date of Disbursement 01 / 10 / 2009
	Mailing Address 7373 Boston Boulevard	Amount of Each Disbursement this Period 380.57
	City Springfield State VA Zip Code 22153	
	Purpose of Disbursement volunteer party food	001 Category/ Type
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Laura Austin Sonnenmark	Transaction ID: D212034 Date of Disbursement 01 / 10 / 2009
	Mailing Address 9114 Volunteer Drive	Amount of Each Disbursement this Period 27.99
	City Alexandria State VA Zip Code 22309	
	Purpose of Disbursement volunteer party mailing labels	001 Category/ Type
	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) .....	▶	408.56
<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 45 / 54

<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 Democratic Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Staples Richmond Highway Mailing Address 7708 Richmond Highway City Alexandria State VA Zip Code 22304 Purpose of Disbursement volunteer party mailing labels 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: D212087 Date of Disbursement 01 / 10 / 2009
	Amount of Each Disbursement this Period 27.99
	[MEMO ITEM]
	Category/Type 001

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Janet Louise Myhre Mailing Address 4012 Woodley Dr City Alexandria State VA Zip Code 22309-2541 Purpose of Disbursement projector for party training 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: D212038 Date of Disbursement 01 / 10 / 2009
	Amount of Each Disbursement this Period 682.49
	Category/Type 001
	[MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Staples Mount Vernon Plaza Mailing Address 7708 Richmond Highway City Alexandria State VA Zip Code 22304 Purpose of Disbursement projector for party training 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: D212086 Date of Disbursement 01 / 10 / 2009
	Amount of Each Disbursement this Period 682.49
	Category/Type 001
	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	682.49
<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 Democratic Committee

A.

Full Name (Last, First, Middle Initial)  
Carole Burk

Mailing Address 10150 Hampton Rd.

City State Zip Code  
Fairfax Station VA 22039

Purpose of Disbursement  
tablecloths for party fundraiser

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D212065  
Date of Disbursement

01 / 28 / 2009

Amount of Each Disbursement this Period

212.45

B.

Full Name (Last, First, Middle Initial)  
Reliable Paper, Inc.

Mailing Address 1030 A Northpoint Pkwy SE

City State Zip Code  
Acworth GA 30102

Purpose of Disbursement  
tablecloths party fundraiser

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D212085  
Date of Disbursement

01 / 28 / 2009

Amount of Each Disbursement this Period

212.45

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Ruth Kristine Miller

Mailing Address 9102 Sweet Spice Ct

City State Zip Code  
Springfield VA 22152-2514

Purpose of Disbursement  
party fundraiser t-shirts

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D212076  
Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

1174.97

SUBTOTAL of Disbursements This Page (optional) ▶

1387.42

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)

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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 Democratic Committee

A.

Full Name (Last, First, Middle Initial)  
Kennedy Graphics, Inc.

Transaction ID: D212084

Date of Disbursement

Mailing Address P.O. Box 1000

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

City Lees Summit State MO Zip Code 64063

Amount of Each Disbursement this Period

1174.97
---------

Purpose of Disbursement  
party fundraiser t-shirts

003
Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

49499.67
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**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Sharon Bulova For Chairman	Transaction ID: D212058 Date of Disbursement
	Mailing Address P O Box 19	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Fairfax Station State VA Zip Code 22039	Amount of Each Disbursement this Period
	Purpose of Disbursement County Committee Contribution	<input type="text" value="5000.00"/>
	Candidate Name Sharon Bulova For Chairman	<input type="text" value="008"/> 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) Sharon Bulova For Chairman	Transaction ID: D212059 Date of Disbursement
	Mailing Address P O Box 19	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Fairfax Station State VA Zip Code 22039	Amount of Each Disbursement this Period
	Purpose of Disbursement Womens Committee contribution	<input type="text" value="800.00"/>
	Candidate Name Sharon Bulova For Chairman	<input type="text" value="008"/> 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) Sharon Bulova For Chairman	Transaction ID: D212060 Date of Disbursement
	Mailing Address P O Box 19	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Fairfax Station State VA Zip Code 22039	Amount of Each Disbursement this Period
	Purpose of Disbursement Mt. Vernon Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Sharon Bulova For Chairman	<input type="text" value="008"/> 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="6300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="6300.00"/>

# 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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Blue Cross Blue Shield <hr/> Mailing Address PO Box 79749 <hr/> City Baltimore State MD Zip Code 21279-0749 <hr/> Purpose of Disbursement employee health insurance premium Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212081 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 209.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Blue Cross Blue Shield <hr/> Mailing Address PO Box 79749 <hr/> City Baltimore State MD Zip Code 21279-0749 <hr/> Purpose of Disbursement employee health insurance premium Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212035 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 209.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Advantage Business Payroll <hr/> Mailing Address Auburn Branch P O Box 1330 Auburn <hr/> City Auburn State ME Zip Code 04211-1330 <hr/> Purpose of Disbursement wages & salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D212048 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1249.04
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1667.04

**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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Michael J Burns	Transaction ID: D213500 Date of Disbursement 01 / 15 / 2009
	Mailing Address 9035 Andromeda Dr	Amount of Each Disbursement this Period 1249.04
	City Burke State VA Zip Code 22015-3507	
	Purpose of Disbursement Wages and salaries 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]

B.	Full Name (Last, First, Middle Initial) Advantage Business Payroll	Transaction ID: D212049 Date of Disbursement 01 / 15 / 2009
	Mailing Address Auburn Branch P O Box 1330 Auburn	Amount of Each Disbursement this Period 481.73
	City Auburn State ME Zip Code 04211-1330	
	Purpose of Disbursement employee taxes 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) Michael J Burns	Transaction ID: D213499 Date of Disbursement 01 / 15 / 2009
	Mailing Address 9035 Andromeda Dr	Amount of Each Disbursement this Period 481.73
	City Burke State VA Zip Code 22015-3507	
	Purpose of Disbursement Employee taxes 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]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	481.73
<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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Advantage Business Payroll	Transaction ID: D212050 Date of Disbursement
	Mailing Address Auburn Branch P O Box 1330 Auburn	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Auburn State ME Zip Code 04211-1330	Amount of Each Disbursement this Period
	Purpose of Disbursement employer taxes Candidate Name	<input type="text" value="189.87"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Michael J Burns	Transaction ID: D213498 Date of Disbursement
	Mailing Address 9035 Andromeda Dr	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Burke State VA Zip Code 22015-3507	Amount of Each Disbursement this Period
	Purpose of Disbursement Employer taxes Candidate Name	<input type="text" value="189.87"/>
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Advantage Business Payroll	Transaction ID: D212069 Date of Disbursement
	Mailing Address Auburn Branch P O Box 1330 Auburn	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Auburn State ME Zip Code 04211-1330	Amount of Each Disbursement this Period
	Purpose of Disbursement wages & salaries Candidate Name	<input type="text" value="3638.80"/>
	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="3828.67"/>
<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 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 checked="" 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 Democratic Committee

A.	Full Name (Last, First, Middle Initial) Michael J Burns	Transaction ID: D213575 Date of Disbursement 01 / 29 / 2009
	Mailing Address 9035 Andromeda Dr	Amount of Each Disbursement this Period 3638.80
	City Burke State VA Zip Code 22015-3507	
	Purpose of Disbursement Wages and salaries Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Advantage Business Payroll	Transaction ID: D212070 Date of Disbursement 01 / 29 / 2009
	Mailing Address Auburn Branch P O Box 1330 Auburn	Amount of Each Disbursement this Period 1691.97
	City Auburn State ME Zip Code 04211-1330	
	Purpose of Disbursement employee taxes 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) Michael J Burns	Transaction ID: D213574 Date of Disbursement 01 / 29 / 2009
	Mailing Address 9035 Andromeda Dr	Amount of Each Disbursement this Period 1691.97
	City Burke State VA Zip Code 22015-3507	
	Purpose of Disbursement Employee taxes Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1691.97
<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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fairfax County Democratic Committee

**A.** Full Name (Last, First, Middle Initial)  
Advantage Business Payroll

Mailing Address Auburn Branch P O Box 1330 Auburn

City Auburn State ME Zip Code 04211-1330

Purpose of Disbursement  
employer taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D212071  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

Mailing Address 9035 Andromeda Dr

City Burke State VA Zip Code 22015-3507

Purpose of Disbursement  
Employer taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: D213573  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

[MEMO ITEM]

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

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

Form/Schedule: **F3XA**

Transaction ID:

In 2009, the Fairfax County Democratic Committee enters a year with no federal candidates on the ballot unless a vacancy triggers a special federal election. The Committee employs a full time Executive Director, whose time is more than 25 percent devoted to federal elections and candidates. No other entity pays compensation for their employees to work for the committee. The Fairfax County Democratic Committee maintains both Federal and Non Federal accounts. Although the Committee has been allocating qualified joint administrative expenses, the funds in our Non Federal account are inadequate to transfer to the Federal Account for disbursements after October 1, 2008. This report does not allocate qualified administrative expenses, as no transfer is possible. Administrative expenses will be paid 100 percent with Federal account funds until the Non Federal account has a higher balance. When transfers of qualified administrative expenses resume, they will be allocated on a 15 percent Federal, 85 percent Non Federal split, due to no federal elections scheduled this calendar year. The Committee does not engage in any fundraising on behalf of candidates for Federal office, so all of its reported fundraising expenses are party fundraising. The main purpose of this amendment is to align the corrected cumulative balance with the previously amended monthly reports from 2008. In addition, certain disbursements have been restated to clarify purposes of the expenses or to correct errors in original or amended classifications.