FFC I	AND DI	COFRE SBURSE Authorized Con	MENTS		Office	Use Only
I. NAME OF COMMITTEE (in full)	TYPE OR PRIN		xample: If typing ver the lines.	g, type	12FE4M5	
BOB MARSHALL FOR		SS 				
ADDRESS (number and street)						
Check if different than previously reported. (ACC)	MANASSAS				VA 20111	
2. FEC IDENTIFICATION N	UMBER 🔻			S		ZIP CODE
C C00558528		3. IS THIS REPORT	× NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRIC
 (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quarter January 31 Year-E Termination Report 	Report (Q2) erly Report (Q3) nd Report (YE)	Election or (c) 30-Day PO	ST-Election Rep General (30G)	Deprint for the:	General (12G) Special (12S)	Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period	4 / D D D D D D D D D D D D D D D D D D	7 Y Y Y Y 2014	through	M M 06		Y Y Y 2014
certify that I have examined to fixed or Print Name of Treasure		-	nowledge and k	pelief it is true	e, correct and com	plete.
Signature of Treasurer Ma	ry Rose Lalli		[Electronically F	Filed] Dat	07	15 / Y Y Y Y 15 2014

07/15/2014 23 : 36

PAGE 1 / 23

Image# 14941842919

SUMMARY PAGE

PAGE 2 / 23

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Write or Type Committee Name BOB MARSHALL FOR CONGRESS

		t Covering the Period: From:	04 07 2014 To:	
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	24046.90	79286.90
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	24046.90	79286.90
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	31586.03	45963.53
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	31586.03	45963.53
8.		sh on Hand at Close of porting Period (from Line 27)	33323.37	
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	10475.96	

For further information contact:

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

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

Image# 14941842921		
Г	DETAILED SUMMARY PAGE	
FEC Form 3 (Revised 12/2003)	of Receipts	PAGE 3 / 23
Write or Type Committee Name		
BOB MARSHALL FOR CONGR	RESS	
Report Covering the Period: From:	M M / D D / Y	M M / D D / Y
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FRC	DM:	
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	. 16353.05	64953.05
(ii) Unitemized	4693.85	11333.85
(iii) TOTAL of contributions from individuals	21046.90	76286.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees(such as PACs)	2000.00	3000.00
(d) The Candidate		0.00
(e) TOTAL CONTRIBUTIONS (other than loans)		
(add Lines 11(a)(iii), (b), (c), and (d)).	. 24046.90	79286.90
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:	-	
(a) Made or Guaranteed by the Candidate	. 0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS		0.00
(add Lines 13(a) and (b))		0.00
14. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	. 0.00	0.00
	7 7 7 7	7 7 7 7 7 7
15. OTHER RECEIPTS (Dividends, Interest, etc.)	. 0.00	0.00
16. TOTAL RECEIPTS (add Lines		
11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	24046.90	79286.90

of Disbursements PAGE 4 / 23 FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 31586.03 45963.53 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 31586.03 45963.53 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY**

DETAILED SUMMARY PAGE

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	40862.50]
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	24046.90]
25.	SUBTOTAL (add Line 23 and Line 24)	64909.40]
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	31586.03]
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	33323.37]

Image# 14941842922

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 23 (check only one) I1a 11b 11c 11d 12 13a 13b 14 15
				person for the purpose of soliciting contributions se to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGR			
Α.	Full Name (Last, First, Middle Initial) Theresa Araujo			Date of Receipt
	Mailing Address 11010 Bacon Race Rd.			04 10 2014
	City Woodbridge	State VA	Zip Code 22192	Transaction ID : SA11AI.6668
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Candid Color Photography	Occupation PHOTOGR		
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 500.00	
В.	Full Name (Last, First, Middle Initial) SALLY ATWELL			Date of Receipt
	Mailing Address 3486 SOLITUDE RD	M M / D D / Y Y Y Y 04 24 2014		
	City DEPERE	State WI	Zip Code 54115	Transaction ID : SA11AI.6565
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	250.00
	NONE	HOMEMAK		
	Receipt For: 2014	Election C	ycle-to-Date	_
	Primary General Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial) HUGH BROWN			Date of Receipt
C.	Mailing Address 44 Joseph Mills Drive			04 16 / Y Y Y Y Y 04 16 2014
	City Fredericksburg	State VA	Zip Code 22408	Transaction ID : SA11AI.6490
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	า	1903.05
	AKA Printing and Mailing	Owner		In-kind - Campaign Mailing
	Receipt For: 2014 Election		ycle-to-Date	
	Primary General Other (specify)		1903.05	
s	UBTOTAL of Receipts This Page (optional)			2653.05
1	OTAL This Period (last page this line number	only)		

IT Ar				FOR LINE NUMBER: PAGE 6 OF 23 (check only one) Image: Check only one) Image: Check only one) Image: Check only one) X 11a 11b 11c 11d 12 13a 13b 14 15 person for the purpose of soliciting contributions
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGR		address of any political committe	ee to solicit contributions from such committee.
Α.	A. Full Name (Last, First, Middle Initial) JEANNE B CARUTHERS Mailing Address 3800 NORTH MILITARY ROAD City Stat ARLINGTON VA			Date of Receipt
			Zip Code 22207	Transaction ID : SA11AI.6495
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer CARUTHERS PROPERTIES LLC	Occupation REAL EST	ATE DEVELOPERS	2500.00
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 2500.00	
В.	Full Name (Last, First, Middle Initial) JEANNE B CARUTHERS Mailing Address 3800 NORTH MILITARY ROA	D		Date of Receipt
	City ARLINGTON	State VA	Zip Code 22207	04 24 2014 Transaction ID : SA11AI.6666
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer CARUTHERS PROPERTIES LLC	Occupation REAL EST	ATE DEVELOPERS	
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 5000.00	
c.	Full Name (Last, First, Middle Initial) PCCARUTHERS Mailing Address	_		Date of Receipt
	Mailing Address 3800 NORTH MILITARY ROAD		Zip Code	M M / D D / Y
	ARLINGTON FEC ID number of contributing federal political committee.	C	22207	Amount of Each Receipt this Period
			ATE DEVELOPER	2500.00
	Primary General Other (specify)		ycle-to-Date 2500.00	
s	UBTOTAL of Receipts This Page (optional)			7500.00
т	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 23 (check only one) I1a 11b 11c 11d I1a 11b 11c 11d 11d I2 I3a 13b 14 15
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGE			
<u>А</u> .	Full Name (Last, First, Middle Initial) P C CARUTHERS			Date of Receipt
	Mailing Address 3800 NORTH MILITARY ROAD			04 24 2014
	City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SA11AI.6557
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer CARUTHERS PROPERTIES LLC	Occupation REAL EST	ATE DEVELOPER	
	Receipt For: 2014 Primary General	Election C	ycle-to-Date	1
	Other (specify)	L	5000.00	
В.	Full Name (Last, First, Middle Initial) HATCHER W CHARLES			Date of Receipt
	Mailing Address 200 BEACH RD			04 / D D / Y Y Y Y 04 10 2014
	City TEQUESTA	State FL	Zip Code 38469	Transaction ID : SA11AI.6525
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	1000.00
	Receipt For: 2014	Election C	ycle-to-Date	
	Primary General Other (specify)		1000.00]
_	Full Name (Last, First, Middle Initial) DEAN CHARTRAND			Date of Receipt
C.	Mailing Address 10003 BRANDON WAY			04 29 2014
	City MANASSAS	State VA	Zip Code 20109	Transaction ID : SA11AI.6616
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	ו	
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date]
s	UBTOTAL of Receipts This Page (optional)			3800.00
1	OTAL This Period (last page this line number	only)		, ,

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 23 (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
				person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGR			
A.	Full Name (Last, First, Middle Initial) JOHN HERRMANN			Date of Receipt
	Mailing Address 5404 DRANES TAVERN DR			04 24 _2014 _
	City FAIRFAX	State VA	Zip Code 22030	Transaction ID : SA11AI.6563
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Commonwealth Animal HospitAL	Occupation VETERNAR		250.00
	Receipt For: 2014	Election Cy	vcle-to-Date	
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 229 SIR THOMAS LUNSFORE	04 10 2014		
	City WILLIAMSBURG	State VA	Zip Code 23186	Transaction ID : SA11AI.6523
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Sydenstricker School Receipt For: 2014	Election C	/cle-to-Date	
	Primary General Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Mailing Address 9240 HAMPTON HUNT DR			04 10 2014
	City FAIRFAX STATION	State VA	Zip Code 22039	Transaction ID : SA11AI.6519
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	250.00
	Receipt For: 2014 Primary General Other (specify)	Election Cy	vcle-to-Date 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number of	only)		

IT Ar				FOR LINE NUMBER: PAGE 9 OF 23 (check only one) I1a 11b 11c 11d I1a 11b 11c 11d 11d I2 I3a I3b I4 15 person for the purpose of soliciting contributions et to solicit contributions from such committee. 10
	NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGE			
Α.	Full Name (Last, First, Middle Initial) JOHN PAUSWINSKI Mailing Address 7517 TODD PL			Date of Receipt
	City MANASSAS	State VA	Zip Code 20109	Transaction ID : SA11AI.6561
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer PRIVATE PRACTICE	Occupation PHYSICIAN		
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 300.00	
в.	Full Name (Last, First, Middle Initial) Ernest Ragland Mailing Address 555 N. Dry Well Rd.			Date of Receipt
	City Natural Bridge	State VA	Zip Code 24578	04 10 2014 Transaction ID : SA11AI.6551
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer REQUESTED	Occupation REQUEST		50.00
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 249.00	
с.	Full Name (Last, First, Middle Initial) Ernest Ragland			Date of Receipt
•	Mailing Address 555 N. Dry Well Rd.			M M / D D / Y Y Y Y 04 24 2014
	City Natural Bridge	State VA	Zip Code 24578	Transaction ID : SA11AI.6612
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer REQUESTED	Occupation REQUEST	ED	50.00
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 299.00	
	UBTOTAL of Receipts This Page (optional)			400.00

IT Ar				FOR LINE NUMBER: PAGE 10 OF 23 (check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Im
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGR		address of any political committ	ee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) JOHN ROCOVICH Mailing Address 526 FALCON RIDGE RD			Date of Receipt
	City ROANOKE	State VA	Zip Code 24018	Transaction ID : SA11AI.6614
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer MOSS & ROCOVICH	Occupation ATTORNEY		
	Receipt For: 2014 Primary General Other (specify)	Election Cy	vcle-to-Date 500.00]
В.	Full Name (Last, First, Middle Initial) VIRGINIA VISION Mailing Address 2917 PENNFOREST BLVD			Date of Receipt
	City ROANOKE	State VA	Zip Code 24016	04 24 2014 Transaction ID : SA11AI.6559
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Receipt For: 2014 Primary General Other (specify)	Election Cy	vcle-to-Date 500.00]
_	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Mailing Address City	State	Zip Code	M M / D D / Y Y Y Y
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify)	Election Cy	vcle-to-Date]
s	UBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number of	only)		16353.05

IT Ar	CHEDULE A (FEC Form 3) EMIZED RECEIPTS				
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGR		address of any political committe	ee to solicit contributions from such committe	ee.
Α.	A. Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 618			Date of Receipt	1
	City ALTON	State IL	Zip Code 62002	Transaction ID : SA11C.6464	_
	FEC ID number of contributing federal political committee.	C CO	0103937	Amount of Each Receipt this Period	_
	Name of Employer	Occupation	1	2000.00	_
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 2000.00]	
в.	Full Name (Last, First, Middle Initial) GUN OWNERS OF AMERICA, IN Mailing Address 8001 FORBES PLACE, SUITE		ICAL VICTORY FUND	Date of Receipt	1
	City SPRINGFIELD	State VA	Zip Code 22151	Transaction ID : SA11C.6472	
	FEC ID number of contributing federal political committee.	C co	0278101	Amount of Each Receipt this Period	_
	Name of Employer	Occupation	1	100.00	_
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 1000.00]	
_	Full Name (Last, First, Middle Initial)			Date of Receipt	
C.	Mailing Address City	State	Zip Code		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	_
	Name of Employer	Occupation	1	, ,	_
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date]	
s	UBTOTAL of Receipts This Page (optional)			3000.00	
T	OTAL This Period (last page this line number o	only)		3000.00	

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate so for each catego Detailed Summa	ry of the	FOR LINE NUMBER: (check only one) PAGE 12 OF 23 X 17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statemen for commercial purposes, other than using the name a NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) HUGH BROWN			Date of Disbursement
	Mailing Address 44 Joseph Mills Drive			04 16 2014
	City State Fredericksburg VA Purpose of Disbursement	e Zip Code 22408	T	Amount of Each Disbursement this Period
	In-kind - Campaign Mailing Candidate Name		Category	Transaction ID : SB17.6491
		t For: 2014 nary General ler (specify)	Туре	
	State: District: Full Name (Last, First, Middle Initial)			
В.	Century Marketing & Communication	s, Inc.		Date of Disbursement
	Mailing Address 3544 Sunnyside Lane	04 102014		
	City State Markham VA	e Zip Code 22643		Amount of Each Disbursement this Period
	Purpose of Disbursement	22043		13325.00
	Candidate Name		Category, Type	/
		t For: 2014 nary General er (specify)	1	
	Full Name (Last, First, Middle Initial)	_		
C.	Century Marketing & Communications	s, Inc.		Date of Disbursement
	Mailing Address 3544 Sunnyside Lane			
	City State Markham VA	Zip Code 22643		Amount of Each Disbursement this Period
	Purpose of Disbursement	22040		15175.00
	Candidate Name		Category, Type	Transaction ID : SB17.6508
		t For: 2014 nary General ler (specify)	,	
s	UBTOTAL of Disbursements This Page (optional)			30403.05
Т	OTAL This Period (last page this line number only)			, ,

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 13 OF 23 (check only one) X 17 18 19a 19b 20a 20b 20c 21		
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGRESS					
Α.	Full Name (Last, First, Middle Initial) Grassroots Solutions Meiling Address B.O. Bey 1920		Date of Disbursement			
	Mailing Address P.O. Box 1829 City State	Zip Code		04 19 2014 Amount of Each Disbursement this Period		
	Front Royal VA Purpose of Disbursement	22630		230.00 Transaction ID : SB17.6506		
	Candidate Name Office Sought: House Disbursement For Senate X Primary	General	Category/ Type			
	Image: State: District: Other (s Full Name (Last, First, Middle Initial) Image: State December 2014 Image: State December 2014	pecify)				
В.	JOHN KAMMERER Mailing Address	Date of Disbursement				
	City State Purpose of Disbursement		Amount of Each Disbursement this Period 510.30			
	Candidate Name		Category/ Type	Transaction ID : SB17.6504		
	Office Sought: House Disbursement For: Senate President Other (s	General				
<u> </u>	State: District: Full Name (Last, First, Middle Initial) Mark Weiss Associates		Date of Disbursement			
	Mailing Address 4710 Bethesda Ave Ste 203			M M / D D / Y Y Y Y 04 10 2014		
	City State Zip Bethesda MD 2 Purpose of Disbursement 2		Amount of Each Disbursement this Period 298.36			
	Candidate Name			Transaction ID : SB17.6501		
	Office Sought: House Disbursement Formary Senate President Other (s State: District: Other (s	General				
s	UBTOTAL of Disbursements This Page (optional)	1038.66				
т	OTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS							
or	NAME OF COMMITTEE (In Full)		address of any pol	tical commit	tee to solicit contributions from such committee.		
Α.	Full Name (Last, First, Middle Initial) Stripe, Inc.				Date of Disbursement		
	Mailing Address 140 Second Street				04 07 2014		
	City San Francisco Purpose of Disbursement	State CA	Zip Code 94105		Amount of Each Disbursement this Period		
	Credit Card Processing Fees/Merchant Fees				Transaction ID : SB17.6644		
	Candidate Name			Category, Type	/		
	Senate President	ement For Primary Other (s	General				
	State: District: Full Name (Last, First, Middle Initial)						
В.					Date of Disbursement		
	Mailing Address 140 Second Street	04 07 2014					
	City San Francisco	Amount of Each Disbursement this Period					
	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		7.55				
	Candidate Name			Category, Type	Transaction ID : SB17.6645		
	Senate President	ement For Primary Other (s	General				
	State: District: Full Name (Last, First, Middle Initial)						
C.	Stripe, Inc.				Date of Disbursement		
	Mailing Address 140 Second Street	Mailing Address 140 Second Street					
	City Stat		p Code		Amount of Each Disbursement this Period		
	San Francisco CA Purpose of Disbursement Credit Card Processing Fees/Merchant Fees	<u> </u>	94105	· · ·	15.40		
	Candidate Name			Category, Type	Transaction ID : SB17.6646		
	Office Sought: House Disburs Senate President State: District:	ement For Primary Other (s	General				
Г							
	SUBTOTAL of Disbursements This Page (optional)						
T	OTAL This Period (last page this line number onl	ly)					

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 15 OF 23 (check only one) X 17 18 19a 19b 20a 20b 20c 21	
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGRES	e and a			
Α.	Full Name (Last, First, Middle Initial) Stripe, Inc.				Date of Disbursement
	Mailing Address 140 Second Street				04 11 2014
	San Francisco C.	tate A	Zip Code 94105		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees				Transaction ID : SB17.6647
	Candidate Name			Category/ Type	
	President C	ent For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)				
В.	String Ing		Date of Disbursement		
	Mailing Address 140 Second Street	04 14 2014			
	5				
	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees	· · · ·	3.21		
	Candidate Name			Category/ Type	Transaction ID : SB17.6648
	President	ent For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)				
C.	Stripe, Inc.				Date of Disbursement
	Mailing Address 140 Second Street				
	City State San Francisco CA		o Code		Amount of Each Disbursement this Period
	San Francisco CA 94105 Purpose of Disbursement Credit Card Processing Fees/Merchant Fees 94105 Candidate Name 94105		4103	· · · ·	15.10
			Category/ Type	Transaction ID : SB17.6649	
		ent For Primary Other (s	General		
Г					
s	UBTOTAL of Disbursements This Page (optional)				
Т	OTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate sch for each categor Detailed Summar	y of the	FOR LINE NUMBER: (check only one) PAGE 16 OF 23 X 17 18 19a 19b 20a 20b 20c 21	
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGRESS				
A.	Full Name (Last, First, Middle Initial) Stripe, Inc.			Date of Disbursement	
	Mailing Address 140 Second Street			04 16 2014	
	City State San Francisco CA Purpose of Disbursement	Zip Code 94105		Amount of Each Disbursement this Period	
	Credit Card Processing Fees/Merchant Fees Candidate Name Office Sought: House Disbursement F		Category/ Type	Transaction ID : SB17.6650	
	Senate Prima President Other State: District: Full Name (Last, First, Middle Initial)	ry General (specify)			
В.	Stripe, Inc. Mailing Address 140 Second Street			Date of Disbursement	
	City State San Francisco CA Purpose of Disbursement Credit Card Processing Fees/Merchant Fees	Zip Code 94105		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.6651	
	Candidate Name Office Sought: House Disbursement F State: District: Other		Category/ Type		
C.	Full Name (Last, First, Middle Initial) Stripe, Inc.			Date of Disbursement	
	Mailing Address 140 Second Street	Zip Code		04 18 2014	
	Sinte Zip Code San Francisco CA 94105 Purpose of Disbursement Credit Card Processing Fees/Merchant Fees Call 94105			Amount of Each Disbursement this Period	
	Candidate Name			Transaction ID : SB17.6652	
	Office Sought: House Disbursement F Senate President Other State: District:				
	UBTOTAL of Disbursements This Page (optional)			34.55	
1'	OTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 17 OF 23 (check only one) X 17 18 19a 19b 20a 20b 20c 21		
	ny information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGRES	me and a				
Α.	Full Name (Last, First, Middle Initial) Stripe, Inc.				Date of Disbursement	
	Mailing Address 140 Second Street				04 21 2014	
	San Francisco	State CA	Zip Code 94105		Amount of Each Disbursement this Period	
	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees				Transaction ID : SB17.6653	
	Candidate Name			Category/ Type		
	Office Sought: House Disburser Senate X President	nent For Primary Other (s	General			
	State: District: Full Name (Last, First, Middle Initial)					
В.	String Ing		Date of Disbursement			
	Mailing Address 140 Second Street					
	y State Zip Code In Francisco CA 94105				Amount of Each Disbursement this Period	
	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		4.95			
	Candidate Name			Category/ Type		
	Office Sought: House Disburser Senate President	nent For Primary Other (s	General			
	State: District: Full Name (Last, First, Middle Initial)					
C.	Stripe, Inc.				Date of Disbursement	
	Mailing Address 140 Second Street	Aailing Address 140 Second Street				
	City State San Francisco CA		p Code 4105		Amount of Each Disbursement this Period	
	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		4103		1.75	
	Candidate Name			Category/ Type	Transaction ID : SB17.6655	
	Office Sought: House Disburser Senate President State: District:	nent For Primary Other (s	General			
Г						
	SUBTOTAL of Disbursements This Page (optional)				8.45	
Т	OTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate so for each catego Detailed Summa	ory of the ary Page	PAGE 18 OF 23 (check only one) X 17 18 19a 19b 20a 20b 20c 21 person for the purpose of soliciting contributions		
	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGRESS	e and address of any po				
Α.	Full Name (Last, First, Middle Initial) Stripe, Inc.			Date of Disbursement		
	Mailing Address 140 Second Street			04 22 2014		
	City Sta San Francisco CA			Amount of Each Disbursement this Period		
	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees			Transaction ID : SB17.6656		
	Candidate Name		Category/ Type			
	Senate Pr President O	ent For: 2014 rimary General ther (specify)				
	State: District: Full Name (Last, First, Middle Initial)					
В.		Date of Disbursement				
	Mailing Address 140 Second Street	04 24 2014				
	City Sta San Francisco C	Amount of Each Disbursement this Period				
	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees	· · · ·	1.62			
	Candidate Name		Category/ Type			
	Senate Pr President O	nt For: 2014 rimary General ther (specify)				
	State: District: Full Name (Last, First, Middle Initial)					
C.	Stripe, Inc.					
	Mailing Address 140 Second Street					
	City State	Zip Code		Amount of Each Disbursement this Period		
	San Francisco CA Purpose of Disbursement Credit Card Processing Fees/Merchant Fees	94105		13.53		
	Candidate Name		Category/ Type	Transaction ID : SB17.6658		
	Senate X P	ent For: 2014 rimary General ther (specify)				
s	SUBTOTAL of Disbursements This Page (optional)					
Т	OTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one) PAGE 19 OF 23 X 17 18 19a 19b 20a 20b 20c 21	
	ny information copied from such Reports and Sta for commercial purposes, other than using the r				person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGRE				
Α.	Full Name (Last, First, Middle Initial) Stripe, Inc.			Date of Disbursement	
	Mailing Address 140 Second Street				04 28 2014
	City San Francisco	State CA	Zip Code 94105		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees				15.70 Transaction ID : SB17.6659
	Candidate Name			Category/ Type	
	Senate President	ement For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)				
В.	String Inc	Date of Disbursement			
	Mailing Address 140 Second Street				
	City San Francisco	Amount of Each Disbursement this Period			
	Purpose of Disbursement Credit Card Processing Fees/Merchant Fees	4.53			
	Candidate Name			Category/ Type	-
	Office Sought: House Disburs Senate President State: District:	ement For Primary Other (s	General		
	Full Name (Last, First, Middle Initial)				
C.	Stripe, Inc.				Date of Disbursement
	Mailing Address 140 Second Street	04 28 2014			
	City Sta		p Code 4105		Amount of Each Disbursement this Period
	San Francisco CA Purpose of Disbursement Credit Card Processing Fees/Merchant Fees		7.55		
	Candidate Name	Category/ Type	Transaction ID : SB17.6661		
	Office Sought: House Disburs Senate President State: District:	ement For Primary Other (s	General		
s	UBTOTAL of Disbursements This Page (optional)				27.78
т	OTAL This Period (last page this line number on	ly)			

ITER Any i	HEDULE B (FEC Form 3) MIZED DISBURSEMENTS		y of the ry Page used by any	
N/	r commercial purposes, other than using the name AME OF COMMITTEE (In Full) BOB MARSHALL FOR CONGRESS	and address of any pol	tical commit	ee to solicit contributions from such committee.
-	ull Name (Last, First, Middle Initial) Stripe, Inc.		Date of Disbursement	
M	ailing Address 140 Second Street			05 05 2014
Pu	an Francisco CA	te Zip Code 94105		Amount of Each Disbursement this Period
	Credit Card Processing Fees/Merchant Fees		Category/ Type	Transaction ID : SB17.6662
	Senate Pri President Ott	nt For: 2014 mary General her (specify)	Туре	
Fu	ate: District: III Name (Last, First, Middle Initial) Stripe, Inc.			Date of Disbursement
M	ailing Address 140 Second Street		M M / D D / Y Y Y Y 05 15 2014	
	ty Stat an Francisco CA urpose of Disbursement	1		Amount of Each Disbursement this Period
(Credit Card Processing Fees/Merchant Fees		Category/ Type	Transaction ID : SB17.6663
	Senate X Pri	at For: 2014 mary General her (specify)		
Fu C.	III Name (Last, First, Middle Initial)			Date of Disbursement
M	ailing Address			M M / D D / Y Y Y Y
Ci	ty State	Zip Code		Amount of Each Disbursement this Period
	urpose of Disbursement			
Ca	andidate Name	Category/ Type		
		nt For: mary General her (specify)		
	BTOTAL of Disbursements This Page (optional)			6.40
	AL This Period (last page this line number only)			31583.03

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS						
Excluding Loans			for each numbered line)	(check only one) 9 X 10		
NAME OF COMMITTEE (In Full)			,			
BOB MARSHALL FOR	CONG	RESS				
A. Full Name (Last, First, Middle Initial) of Debtor Robert Marshall				ebt (Purpose): Material Expenses to reimbursed on redit cards		
Mailing Address 7930 Willow Pond Court						
City State	Zip Code					
Manassas	VA	20111				
Outstanding Balance Beginning This Period 2237.21			Transactio	on ID : SD10.6474		
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period		
0.00		0.0	00	2237.21		
B. Full Name (Last, First, Middle Initial) of Debtor Robert Marshall	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Marshall					
Mailing Address 7930 Willow Pond Court						
City State Manassas	Zip Code VA	20111				
Outstanding Balance Beginning This Period 6960.00			Transactio	on ID : SD10.6475		
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period		
0.00		0.0	00	6960.00		
C. Full Name (Last, First, Middle Initial) of Debto Robert Marshall	r or Creditor			ebt (Purpose): nail Expenses to be reimbursed		
Mailing Address 7930 Willow Pond Court						
City	State	Zip Code				
Manassas	VA	20111				
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6476		
335.52						
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period		
0.00		0.0	00	335.52		
1) SUBTOTALS This Period This Page (optional)			•	9532.73		
2) TOTALS This Period (last page this line number	only)		• <u> </u>	· · · · · · · · · · · · · · · · · · ·		
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page onl	y) ►			

FEC	Schedule	D	(Form	3)	(Revised	02/2003)
-----	----------	---	-------	----	----------	----------

Image# 14941842939

SCHEDULE D (FEC Form 3)			(Use separate schedule(s)	PAGE 22 OF 23 FOR LINE NUMBER:
DEBTS AND OBLIGATIONS	EBTS AND OBLIGATIONS			
Excluding Loans			numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
BOB MARSHALL FOR		RESS		
A. Full Name (Last, First, Middle Initial) of Debto Robert Marshall	or or Creditor			ebt (Purpose): enses to be reimbursed
Mailing Address 7930 Willow Pond Court				
City State	Zip Code			
Manassas	VA	20111		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.6477
6.25				
Amount Incurred This Period	Pavr	nent This Period	Outstandi	ng Balance at Close of This Period
0.00	,		.00	6.25
	7			
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose):
Robert Marshall				plies Expenses on personal credit reimbursed
Mailing Address 7930 Willow Pond Court				
City State Manassas	Zip Code VA	20111		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.6478
429.55				
Amount Incurred This Period	Pavr	nent This Period	Outstandi	ng Balance at Close of This Perioc
	i ayı			
0.00		0	.00	429.55
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):
Robert Marshall			Postage E: be reimbur	xpenses on personal credit cards to sed
Mailing Address 7930 Willow Pond Court				
City	State	Zip Code		
Manassas	VA	20111		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6479
372.87				
Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		0	.00	372.87
SUBTOTALS This Period This Page (optional)				808.67
2) TOTALS This Period (last page this line number				
3) TOTAL OUTSTANDING LOANS from Schedule				
4) ADD 2) and 3) and carry forward to appropriate				

FEC Schedule D (Form 3) (Revised 02/2003)

	HEDULE D (FEC Form 3) BTS AND OBLIGATIONS luding Loans			(Use separate schedule(s) for each numbered line)	PAGE 23 OF 23 FOR LINE NUMBER: (check only one) 9 X 10
1	OB MARSHALL FOR	CONG	RESS		
/	A. Full Name (Last, First, Middle Initial) of Debtor Robert Marshall	or Creditor			ebt (Purpose): Expenses on personal credit cards bursed
١	Mailing Address 7930 Willow Pond Court				
	City State Manassas	Zip Code VA	20111		
	Outstanding Balance Beginning This Period 134.56				on ID : SD10.6480
	Amount Incurred This Period 0.00	Paym	ent This Period	Outstandi	ng Balance at Close of This Period 134.56
E	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
1	Mailing Address				
(City State	Zip Code			
	Outstanding Balance Beginning This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
(C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	,	Nature of D	ebt (Purpose):
1	Mailing Address				
	City	State	Zip Code		
	Outstanding Balance Beginning This Period			1	
	Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
		y			-g-1-1-g-1-1-x-1-
1)	SUBTOTALS This Period This Page (optional)				, 134.56
2)	TOTALS This Period (last page this line number of	only)			10475.96
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only	/)		0.00
4)	ADD 2) and 3) and carry forward to appropriate I	line of Summary	y Page (last page or	ıly) ►	10475.96

Image# 14941842941

FEC Schedule D (Form 3) (Revised 02/2003)