

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2009 through 08 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 Michael Rumberg

Signature of Treasurer Electronically Filed by Michael Rumberg Date 09 17 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.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

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"><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		12446.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	22659.22									
(c) Total Receipts (from Line 19)	13110.49	79197.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35769.71	91644.15								
7. Total Disbursements (from Line 31)	16029.21	71903.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19740.50	19740.50								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4725.00	27907.00
(ii) Unitemized	3335.49	44490.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8060.49	72397.49
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5050.00	6800.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13110.49	79197.49
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13110.49	79197.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13110.49	79197.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	16029.21	68648.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	16029.21	68648.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	1254.88
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
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	200.00
(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	200.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	300.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	300.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16029.21	71903.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16029.21	71903.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	13110.49	79197.49
34. Total Contribution Refunds (from Line 28(d))	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13110.49	78997.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16029.21	68648.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16029.21	68648.77

**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 6 / 27
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Juanita Balenger	Date of Receipt MM / DD / YYYY 08 / 10 / 2009
	Mailing Address 4302 Greenberry Lane	Transaction ID: SA11AI.11921
	City State Zip Code Annandale VA 22003	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer VA Attorney General	Occupation Community Outreach Coord.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

B.	Full Name (Last, First, Middle Initial) Maria A Balenger	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 4302 Greenberry Ln	Transaction ID: SA11AI.11872
	City State Zip Code Annandale VA 22003	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Margaret C Emery	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 6326 Wilmington Dr	Transaction ID: SA11AI.11861
	City State Zip Code Burke VA 22015	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	700.00
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 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Robert Frank</p> <p>Mailing Address 1360 Beverly Rd # 300</p> <p>City State Zip Code Mclean VA 22101</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Frank & Company PC Accountant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 01 / 2009</p> <p>Transaction ID: SA11AI.11908</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) William E Frenzel</p> <p>Mailing Address 6310 Stoneham Ln</p> <p>City State Zip Code Mclean VA 22101</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 08 / 03 / 2009</p> <p>Transaction ID: SA11AI.11858</p> <p>Amount of Each Receipt this Period 300.00</p> <p>contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Mariane Horinko</p> <p>Mailing Address 4710 Benjamin Cross Ct</p> <p>City State Zip Code Chantilly VA 20151</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation The Horinko Group President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 01 / 2009</p> <p>Transaction ID: SA11AI.11901</p> <p>Amount of Each Receipt this Period 500.00</p> <p>contribution</p>
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SUBTOTAL of Receipts This Page (optional)	1050.00
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 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Josephine K Leon

Mailing Address 5918 Merritt PI

City Falls Church State VA Zip Code 22041

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2009

Transaction ID: SA11AI.11847

Amount of Each Receipt this Period 250.00

contribution

B. Full Name (Last, First, Middle Initial)
Ruby W Linn

Mailing Address 302 Brooksby Village Dr # 401

City Peabody State MA Zip Code 01960

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2009

Transaction ID: SA11AI.11915

Amount of Each Receipt this Period 250.00

contribution

C. Full Name (Last, First, Middle Initial)
Mr. Harry Lowcock

Mailing Address 1169 Reston Ave

City Herndon State VA Zip Code 20170

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 08 / 03 / 2009

Transaction ID: SA11AI.11846

Amount of Each Receipt this Period 50.00

contribution

SUBTOTAL of Receipts This Page (optional) 550.00

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 / 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Lyn McFadden		Date of Receipt MM / DD / YYYY 08 / 01 / 2009
Mailing Address 7505 Royal Oak Dr		Transaction ID: SA11AI.11906
City Mclean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coldwell Banker	Occupation Realtor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Anthony Mlinar		Date of Receipt MM / DD / YYYY 08 / 01 / 2009
Mailing Address 5416 Gainsborough Dr		Transaction ID: SA11AI.11898
City Fairfax	State VA	Zip Code 22033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Justice Percell		Date of Receipt MM / DD / YYYY 08 / 01 / 2009
Mailing Address 4074 Fountainside Ln		Transaction ID: SA11AI.11892
City Fairfax	State VA	Zip Code 22030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Enterprise Info. Services Inc	Occupation Software Developer	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
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 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Daniel F. Rinzel

Mailing Address 9301
Maybrook Place

City State Zip Code
Alexandria VA 22309

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Redmon Payton Braswell Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 05 / 2009

Transaction ID: SA11AI.11931

Amount of Each Receipt this Period 250.00

contribution

B.

Full Name (Last, First, Middle Initial)
James Francis Shigley

Mailing Address 4425 Longworthe Square

City State Zip Code
Alexandria VA 22309

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Arrowpoint Corp Research analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 03 / 2009

Transaction ID: SA11AI.11878

Amount of Each Receipt this Period 275.00

contribution

C.

Full Name (Last, First, Middle Initial)
Mrs. Bertha D. Tignor

Mailing Address 1706
Fairview Avenue

City State Zip Code
McLean VA 22101

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2009

Transaction ID: SA11AI.11868

Amount of Each Receipt this Period 250.00

contribution

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 11 / 27

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)

John Vogt

Mailing Address 6038 Crimson Ct

City State Zip Code
Mclean VA 22101

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

Name of Employer Occupation
Chain Bridge Bank Exec Vice President

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

Date of Receipt

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

Transaction ID: SA11AI.11897

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Anders Warga

Mailing Address 8706 Old Courthouse Rd

City State Zip Code
Vienna VA 22182

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: SA11AI.11941

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

4725.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 08 / 03 / 2009
Transaction ID: SA11C.11886
 Amount of Each Receipt this Period: 2500.00
 contribution

B. Full Name (Last, First, Middle Initial)
FIMIAN FOR CONGRESS 2010 (FIMIAN 2010)

Mailing Address PO BOX 3131

City OAKTON State VA Zip Code 22124

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 08 / 03 / 2009
Transaction ID: SA11C.11841
 Amount of Each Receipt this Period: 2500.00
 contribution

C. Full Name (Last, First, Middle Initial)
FIMIAN FOR CONGRESS 2010 (FIMIAN 2010)

Mailing Address PO BOX 3131

City OAKTON State VA Zip Code 22124

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt: 08 / 12 / 2009
Transaction ID: SA11C.11924
 Amount of Each Receipt this Period: 50.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 5050.00

TOTAL This Period (last page this line number only) ► 5050.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 27

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) 1-800 Flowers.com</p> <p>Mailing Address 1 Old Country Rd #500</p> <p>City Carle Place State NY Zip Code 11514</p> <p>Purpose of Disbursement flowers</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>Transaction ID: SB21B.11988</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <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><input type="text" value="55.22"/></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) 1-800 Flowers.com</p> <p>Mailing Address 1 Old Country Rd #500</p> <p>City Carle Place State NY Zip Code 11514</p> <p>Purpose of Disbursement flowers</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>Transaction ID: SB21B.11995</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <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><input type="text" value="43.98"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) 1-800 Flowers.com</p> <p>Mailing Address 1 Old Country Rd #500</p> <p>City Carle Place State NY Zip Code 11514</p> <p>Purpose of Disbursement flowers</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>Transaction ID: SB21B.12006</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <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><input type="text" value="67.18"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1279</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement See memo items</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>Transaction ID: SB21B.11964</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2306.33"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1279</p> <p>City Newark State NJ Zip Code 07101</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>Transaction ID: SB21B.11960</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.02"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) American Legion Post 176</p> <p>Mailing Address 6520 Amherst Ave</p> <p>City Springfield State VA Zip Code 22151</p> <p>Purpose of Disbursement Room rental</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>Transaction ID: SB21B.11966</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Category/Type: <input type="text" value="004"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2807.35"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Aquatise, Inc	Transaction ID: SB21B.11983 Date of Disbursement 08 / 01 / 2009
	Mailing Address 5409 Lumely Rd Ste #107	Amount of Each Disbursement this Period 604.60
	City Durham State NC Zip Code 27703	
	Purpose of Disbursement water bottles Candidate Name	004 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) Bank of America	Transaction ID: SB21B.11976 Date of Disbursement 08 / 31 / 2009
	Mailing Address P.O. Box 25118	Amount of Each Disbursement this Period 13.00
	City Tampa State FL Zip Code 33622	
	Purpose of Disbursement bank service charge 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) Barchetta Enterprises, LC	Transaction ID: SB21B.11963 Date of Disbursement 08 / 25 / 2009
	Mailing Address 7138 Little River TP # 210	Amount of Each Disbursement this Period 750.00
	City Annandale State VA Zip Code 22003	
	Purpose of Disbursement Compliance and Accounting 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

763.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Burke Volunteer Fire & Rescue	Transaction ID: SB21B.11958 Date of Disbursement
	Mailing Address 9501 Old Burke Lake Rd	<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Burke State VA Zip Code 22015	Amount of Each Disbursement this Period
	Purpose of Disbursement room rental	<input type="text" value="950.00"/>
	Candidate Name	<input type="text" value="007"/> 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) Celebrate Fairfax Inc	Transaction ID: SB21B.11994 Date of Disbursement
	Mailing Address 12000 Government Center Parkway Suite 247	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22035	Amount of Each Disbursement this Period
	Purpose of Disbursement ticket to county fair	<input type="text" value="12.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Conquest Communications, Inc	Transaction ID: SB21B.11949 Date of Disbursement
	Mailing Address 2812 Emerywood Pky Ste 103	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23294	Amount of Each Disbursement this Period
	Purpose of Disbursement phone calls	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Conquest Communications, Inc</p> <p>Mailing Address 2812 Emerywood Pky Ste 103</p> <p>City Richmond State VA Zip Code 23294</p> <p>Purpose of Disbursement telephone calls</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>Transaction ID: SB21B.11969</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="text" value="003"/> Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road #329</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement advertising</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>Transaction ID: SB21B.12025</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="28.50"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 4725 W Ox Road</p> <p>City Fairfax State VA Zip Code 22033</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12018</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="221.48"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Cox Communications Inc	Transaction ID: SB21B.11965 Date of Disbursement																			
	Mailing Address 4246 Chain Bridge Rd	<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>8</td><td></td><td>0</td><td>6</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	8		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	9												
	City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period																			
	Purpose of Disbursement telephone utility	<table border="1"><tr><td>316.42</td></tr></table>	316.42																		
316.42																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) CVS Drug Store	Transaction ID: SB21B.11998 Date of Disbursement																			
	Mailing Address Leesburg Pike	<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>8</td><td></td><td>0</td><td>1</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	8		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	9												
	City Falls Church State VA Zip Code 22041	Amount of Each Disbursement this Period																			
	Purpose of Disbursement office supplies	<table border="1"><tr><td>12.24</td></tr></table>	12.24																		
12.24																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) CVS Drug Store	Transaction ID: SB21B.12008 Date of Disbursement																			
	Mailing Address Leesburg Pike	<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>8</td><td></td><td>0</td><td>1</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	8		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	9												
	City Falls Church State VA Zip Code 22041	Amount of Each Disbursement this Period																			
	Purpose of Disbursement office supplies	<table border="1"><tr><td>18.88</td></tr></table>	18.88																		
18.88																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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]

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>316.42</td></tr></table>	316.42
316.42		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CVS Drug Store	Transaction ID: SB21B.12022
	Mailing Address Leesburg Pike	Date of Disbursement 08 / 01 / 2009
	City Falls Church State VA Zip Code 22041	Amount of Each Disbursement this Period 12.57
	Purpose of Disbursement office supplies 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) Home Depot	Transaction ID: SB21B.12024
	Mailing Address PO Box 6029	Date of Disbursement 08 / 01 / 2009
	City The Lakes State NV Zip Code 88901	Amount of Each Disbursement this Period 62.37
	Purpose of Disbursement office supplies Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Kerry O'Brien	Transaction ID: SB21B.11947
	Mailing Address 7903 Clifton Hunt Ct	Date of Disbursement 08 / 04 / 2009
	City Clifton State VA Zip Code 20124	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement salary 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) ▼

SUBTOTAL of Disbursements This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 27

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

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

A.	Full Name (Last, First, Middle Initial) Kerry O'Brien	Transaction ID: SB21B.11962
	Mailing Address 7903 Clifton Hunt Ct	Date of Disbursement MM / DD / YYYY 08 / 25 / 2009
	City Clifton State VA Zip Code 20124	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement salary 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) Seamus Owens	Transaction ID: SB21B.11950
	Mailing Address 4246 Chain Bridge Rd	Date of Disbursement MM / DD / YYYY 08 / 04 / 2009
	City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement salary 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) Seamus Owens	Transaction ID: SB21B.11973
	Mailing Address 4246 Chain Bridge Rd	Date of Disbursement MM / DD / YYYY 08 / 25 / 2009
	City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement salary 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) ▼

SUBTOTAL of Disbursements This Page (optional)	4750.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Papa Johns Pizza</p> <p>Mailing Address Lee Hwy</p> <p>City Fairfax State VA Zip Code 22033</p> <p>Purpose of Disbursement pizza for volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12028</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29.89"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Party City</p> <p>Mailing Address Lee Hwy</p> <p>City Fairfax State VA Zip Code 22032</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12019</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="101.15"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Party City</p> <p>Mailing Address Lee Hwy</p> <p>City Fairfax State VA Zip Code 22032</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12023</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="81.63"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) PJ Skidoos Restaurant</p> <p>Mailing Address 9908 Lee Highway</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement meal 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>Transaction ID: SB21B.12003</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14.00"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Political Media Inc</p> <p>Mailing Address 406 First St</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement website development</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>Transaction ID: SB21B.11951</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1400.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Red Wired and Blue</p> <p>Mailing Address 4246 Chain Bridge Rd</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Database consultant</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>Transaction ID: SB21B.11970</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF VIRGINIA INC	Transaction ID: SB21B.12004 Date of Disbursement																			
	Mailing Address 115 EAST GRACE STREET	<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>8</td><td></td><td>0</td><td>1</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	8		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	9												
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period																			
	Purpose of Disbursement purchase data	<table border="1"><tr><td>20.00</td></tr></table>	20.00																		
20.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	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) REPUBLICAN PARTY OF VIRGINIA INC	Transaction ID: SB21B.12005 Date of Disbursement																			
	Mailing Address 115 EAST GRACE STREET	<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>8</td><td></td><td>0</td><td>1</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	8		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	9												
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period																			
	Purpose of Disbursement purchase data	<table border="1"><tr><td>10.00</td></tr></table>	10.00																		
10.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) Safeway Stores	Transaction ID: SB21B.12021 Date of Disbursement																			
	Mailing Address Chain Bridge Rd	<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>8</td><td></td><td>0</td><td>1</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	8		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	9												
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement office supplies	<table border="1"><tr><td>81.98</td></tr></table>	81.98																		
81.98																					
	Candidate Name	<table border="1"><tr><td></td></tr></table> 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]

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.12007 Date of Disbursement
	Mailing Address 9470 Arlington Blvd	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies	<input type="text" value="36.74"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="001"/>

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.12010 Date of Disbursement
	Mailing Address 9470 Arlington Blvd	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies	<input type="text" value="83.98"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="001"/>

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.12012 Date of Disbursement
	Mailing Address 9470 Arlington Blvd	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies	<input type="text" value="26.75"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="001"/>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.12026 Date of Disbursement
	Mailing Address 9470 Arlington Blvd	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies	<input type="text" value="47.23"/>
	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.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.12027 Date of Disbursement
	Mailing Address 9470 Arlington Blvd	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies	<input type="text" value="7.86"/>
	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]

C.	Full Name (Last, First, Middle Initial) sunoco oil	Transaction ID: SB21B.11996 Date of Disbursement
	Mailing Address Main St	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period
	Purpose of Disbursement gas	<input type="text" value="25.10"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tele-town Hall</p> <p>Mailing Address 5101 MacArthur Blvd NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement teleconference 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>Transaction ID: SB21B.11971</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <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"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1550.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 10660 Page Street</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement postage</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>Transaction ID: SB21B.12009</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="370.00"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 10660 Page Street</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement postage</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>Transaction ID: SB21B.12011</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="220.00"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1550.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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)

PAGE 27 / 27

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

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

A.	Full Name (Last, First, Middle Initial) Walgreens Drugstore	Transaction ID: SB21B.12013 Date of Disbursement
	Mailing Address Main St	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies Candidate Name	<input type="text" value="8.68"/>
	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) ▼	
	Category/Type: <input type="text" value="001"/>	

B.	Full Name (Last, First, Middle Initial) Walmart	Transaction ID: SB21B.11992 Date of Disbursement
	Mailing Address Fairlakes Blvd	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies Candidate Name	<input type="text" value="2.32"/>
	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) ▼	
	Category/Type: <input type="text" value="001"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="15536.77"/>