

# 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 05 01 2011 through 05 31 2011

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

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

Signature of Treasurer Electronically Filed by Mr. Charles R. Proctor Date 06 14 2011

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

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To: 

|   |   |
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| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | X                       | Y                                 | Y | Y | 2 | 0 | 1 | 1 |  | 21708.40 |
| X   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 1 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 21629.96                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 9785.00                 | 33022.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 31414.96                | 54730.40                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 6030.05                 | 29345.49                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 25384.91                | 25384.91                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 6200.00                       | 14650.00                          |
| (ii) Unitemized .....  | 3385.00                       | 18172.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 9585.00                       | 32822.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 200.00                        | 200.00                            |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 9785.00                       | 33022.00                          |
| 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)) .....                          | 9785.00                       | 33022.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 9785.00                       | 33022.00                          |

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)  |                               |                                   |
| (i) Federal Share.....   | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating<br>Expenditures.....   | 6030.05                       | 29245.49                          |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b))..... ▶                           | 6030.05                       | 29245.49                          |
| 22. Transfers to Affiliated/Other Party<br>Committees.....   | 0.00                          | 0.00                              |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....    | 0.00                          | 0.00                              |
| 24. Independent Expenditure<br>(use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(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<br>Than Political Committees .....                                     | 0.00                          | 100.00                            |
| (b) Political Party Committees   | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs) .....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c)) .....                              | 0.00                          | 100.00                            |
| 29. Other Disbursements.....   | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                               |                                   |
| (a) Shared Federal Election Activity<br>(from Schedule H6)   |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....   | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                              | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                 | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..          | 6030.05                       | 29345.49                          |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)..... | 6030.05                       | 29345.49                          |

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 9785.00                       | 33022.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 100.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 9785.00                       | 32922.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 6030.05                       | 29245.49                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 6030.05                       | 29245.49                          |

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

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

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

Gale Altman

Mailing Address POB 650634

City State Zip Code  
Potomac Falls VA 20165

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

Name of Employer Occupation  
Lifeclinic Intl Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.15280

Amount of Each Receipt this Period

1000.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary H. Baise

Mailing Address 2201  
Great Falls Street

City State Zip Code  
Falls Church VA 22043

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

Name of Employer Occupation  
Kilpatrick Stockton LLP Attorney

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.15287

Amount of Each Receipt this Period

200.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret J. Baker

Mailing Address 12412  
Shari Hunt Grove

City State Zip Code  
Clifton VA 20124

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

Name of Employer Occupation  
McDermott Will Emery Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.15236

Amount of Each Receipt this Period

250.00

contribution

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

1450.00

**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 / 21

(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)  
Monica D Chiralo

Mailing Address 6738 Jade Post Ln

City State Zip Code  
Centreville VA 20121

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 ▼ 1100.00

Date of Receipt 05 / 20 / 2011

**Transaction ID:** SA11AI.15239

Amount of Each Receipt this Period 1000.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Irene V Farquhar

Mailing Address 9007 Parliament Dr

City State Zip Code  
Burke VA 22015

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Mathematician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 05 / 2011

**Transaction ID:** SA11AI.15190

Amount of Each Receipt this Period 50.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Irene V Farquhar

Mailing Address 9007 Parliament Dr

City State Zip Code  
Burke VA 22015

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Mathematician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 21 / 2011

**Transaction ID:** SA11AI.15279

Amount of Each Receipt this Period 100.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 1150.00

**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 / 21  
(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)  
Daniel Glusica, Jr  
 Mailing Address 4405 East West Hwy # 202  
 City State Zip Code  
Bethesda MD 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Employee Benefits Group, Inc Sales  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 1 1  
**Transaction ID:** SA11AI.15293  
 Amount of Each Receipt this Period  
 500.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Mariane Horinko  
 Mailing Address 4710 Benjamin Cross Ct  
 City State Zip Code  
Chantilly VA 20151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
The Horinko Group President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 1 1  
**Transaction ID:** SA11AI.15261  
 Amount of Each Receipt this Period  
 500.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Dennis D. Husch  
 Mailing Address 820 Jackson Street  
 City State Zip Code  
Herndon VA 20170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
System Planning Corp Consultant  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 7 / 2 0 1 1  
**Transaction ID:** SA11AI.15256  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 21                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Melissa Kelly   |                                      | Date of Receipt   |
|   | Mailing Address 8227 Smithfield Ave                        |                                      | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 5 / 2 1 / 2 0 1 1 |
|   | City   | State                                | Zip Code  |
|   | Springfield  | VA                                   | 22150   |
|   | FEC ID number of contributing federal political committee. |                                      | <input type="text"/> C <input type="text"/>   |
| Name of Employer<br>US Congress   |  | Occupation<br>Communication Director | <b>Transaction ID:</b> SA11AI.15240   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼             | Amount of Each Receipt this Period<br><input type="text"/> 500.00   |
|   |  | <input type="text"/> 550.00          | contribution  |

|   |  |                              |   |
|---|--|------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Andrew J McDevitt |                              | Date of Receipt   |
|   | Mailing Address 3008 Sugar Lane                              |                              | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 5 / 0 5 / 2 0 1 1 |
|   | City   | State                        | Zip Code  |
|   | Vienna   | VA                           | 22181   |
|   | FEC ID number of contributing federal political committee.   |                              | <input type="text"/> C <input type="text"/>   |
| Name of Employer<br>Intuit Inc  |  | Occupation<br>Govt Relations | <b>Transaction ID:</b> SA11AI.15195   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼     | Amount of Each Receipt this Period<br><input type="text"/> 250.00   |
|   |  | <input type="text"/> 260.00  | contribution  |

|   |  |                             |   |
|---|--|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Beau Phillips   |                             | Date of Receipt   |
|   | Mailing Address 6120 Lemon Thyme Dr #3C                    |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 5 / 3 1 / 2 0 1 1 |
|   | City   | State                       | Zip Code  |
|   | Alexandria   | VA                          | 22310   |
|   | FEC ID number of contributing federal political committee. |                             | <input type="text"/> C <input type="text"/>   |
| Name of Employer<br>Chlopak Leonard Schechter   |  | Occupation<br>Consultant    | <b>Transaction ID:</b> SA11AI.15291   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼    | Amount of Each Receipt this Period<br><input type="text"/> 250.00   |
|   |  | <input type="text"/> 250.00 | contribution  |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

**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 10 / 21                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Karl E Pierson           |                             | Date of Receipt   |
|   | Mailing Address 1004 White Chimney Ct                               |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 5 / 3 1 / 2 0 1 1 |
|   | City  | State                       | Zip Code  |
|   | Great Falls   | VA                          | 22066   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> SA11AI.15295   |
| Name of Employer Self   |   | Occupation                  | Amount of Each Receipt this Period  |
| Self  |   | Consultant                  | <input type="text"/> 250.00   |
| Receipt For:  |   | Aggregate Year-to-Date ▼    | contribution  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |   | <input type="text"/> 250.00 |   |
| <input type="checkbox"/> Other (specify) ▼                        |   |                             |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Robert Posner        |                             | Date of Receipt   |
|   | Mailing Address 19289 Old Keene Mill Rd                             |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 5 / 2 5 / 2 0 1 1 |
|   | City  | State                       | Zip Code  |
|   | Burke   | VA                          | 22015   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> SA11AI.15320   |
| Name of Employer Self   |   | Occupation                  | Amount of Each Receipt this Period  |
| Self  |   | Physician                   | <input type="text"/> 250.00   |
| Receipt For:  |   | Aggregate Year-to-Date ▼    | contribution  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |   | <input type="text"/> 250.00 |   |
| <input type="checkbox"/> Other (specify) ▼                        |   |                             |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Geraldine M. Smith  |                             | Date of Receipt   |
|   | Mailing Address 7916 Old Falls Road                                 |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 5 / 2 7 / 2 0 1 1 |
|   | City  | State                       | Zip Code  |
|   | McLean  | VA                          | 22102   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> SA11AI.15285   |
| Name of Employer self   |   | Occupation                  | Amount of Each Receipt this Period  |
| self  |   | homemaker                   | <input type="text"/> 500.00   |
| Receipt For:  |   | Aggregate Year-to-Date ▼    | contribution  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |   | <input type="text"/> 850.00 |   |
| <input type="checkbox"/> Other (specify) ▼                        |   |                             |   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

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

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

FOR LINE NUMBER: PAGE 11 / 21  
(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)  
Ms. Suzanne A. Spikes

Mailing Address 6150  
Sunpatterns Trail

City State Zip Code  
Fairfax Station VA 22039

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2011

**Transaction ID:** SA11AI.15185

Amount of Each Receipt this Period  
50.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael L Stern

Mailing Address 8529 Century Oak PI

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Occupation  
Self Attorney

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** SA11AI.15288

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Ms. H. Lillian Vogl

Mailing Address 10156  
Village Knoll Ct.

City State Zip Code  
Oakton VA 22124

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

Name of Employer Occupation  
Covington & Burling attorney

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** SA11AI.15289

Amount of Each Receipt this Period  
200.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **6200.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |   |
|---|------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 12 / 21                            |
|   | (check only one)             |   |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13  | <input type="checkbox"/> 14             |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17             |

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

A.

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>PERKINS FOR CONGRESS   |                                     | Date of Receipt   |
| Mailing Address PO BOX 1360                                       |                                     | <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| LORTON  | VA                                  | 22199   |
| FEC ID number of contributing federal political committee.        | <input type="text" value="C"/>      | Transaction ID: SA11C.15247   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="200.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            | contribution  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="200.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="200.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="200.00"/> |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
1-800 Flowers.com

Mailing Address 1 Old Country Rd #500

City Carle Place State NY Zip Code 11514

Purpose of Disbursement  
office supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.15122  
Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

102.14

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address PO Box 1279

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
see memo items

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.15125  
Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

577.59

C.

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address PO Box 1279

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
bank service charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.15222  
Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

4.95

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

582.54

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><b>A.</b> Full Name (Last, First, Middle Initial)<br/>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><b>Transaction ID:</b> SB21B.15232</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.07"/></p> <p>Category/Type: <input type="text" value="001"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Barchetta Enterprises, LC</p> <p>Mailing Address 7138 Little River TP # 210</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement compliance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> SB21B.15218</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p> <p>Category/Type: <input type="text" value="001"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Barchetta Enterprises, LC</p> <p>Mailing Address 7138 Little River TP # 210</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement compliance 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><b>Transaction ID:</b> SB21B.15272</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p> <p>Category/Type: <input type="text" value="001"/></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)

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Celebrate Fairfax Inc<br><hr/> Mailing Address 12000 Government Center Parkway<br>Suite 247<br><hr/> City Fairfax State VA Zip Code 22035<br><hr/> Purpose of Disbursement event expense - space rental<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.15124<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 4 / 2 0 1 1 |
|  | Amount of Each Disbursement this Period<br>125.00<br><br>[MEMO ITEM]                              |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Constant Contact<br><hr/> Mailing Address 1601 Trapelo Road #329<br><hr/> City Waltham State MA Zip Code 02451<br><hr/> Purpose of Disbursement web hosting<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.15226<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 4 / 2 0 1 1 |
|  | Amount of Each Disbursement this Period<br>80.00<br><br>[MEMO ITEM]                               |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Dominion Virginia Power<br><hr/> Mailing Address P.O. Box 26543<br><hr/> City Richmond State VA Zip Code 23290<br><hr/> Purpose of Disbursement utility<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.15223<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 1 1 |
|  | Amount of Each Disbursement this Period<br>51.86<br><br>[MEMO ITEM]                               |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 51.86 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

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

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

FOR LINE NUMBER: (check only one)

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

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

|                         |  |   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|-------------------------|--|---|---|-----|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Facebook Advertising | Full Name (Last, First, Middle Initial)  | Transaction ID: SB21B.15117   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Mailing Address 151 University Ave   | Date of Disbursement  |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | City Palo Alto State CA Zip Code 94391   | <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>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> |   | M   | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 4 |  | 2 | 0 | 1 | 1 |
| M                       | M  | /   | D | D   | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                       | 5  |   | 0 | 4   |   | 2 | 0 | 1 | 1 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Purpose of Disbursement advertising expense  | Amount of Each Disbursement this Period   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table>   |   | 001 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001                     |  |   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | State: District:   | [MEMO ITEM]   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|                         |  |   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|-------------------------|--|---|---|-----|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| B. Facebook Advertising | Full Name (Last, First, Middle Initial)  | Transaction ID: SB21B.15120   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Mailing Address 151 University Ave   | Date of Disbursement  |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | City Palo Alto State CA Zip Code 94391   | <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>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> |   | M   | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 4 |  | 2 | 0 | 1 | 1 |
| M                       | M  | /   | D | D   | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                       | 5  |   | 0 | 4   |   | 2 | 0 | 1 | 1 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Purpose of Disbursement advertising  | Amount of Each Disbursement this Period   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table>   |   | 001 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001                     |  |   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | State: District:   | [MEMO ITEM]   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|                         |  |   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|-------------------------|--|---|---|-----|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| C. Facebook Advertising | Full Name (Last, First, Middle Initial)  | Transaction ID: SB21B.15121   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Mailing Address 151 University Ave   | Date of Disbursement  |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | City Palo Alto State CA Zip Code 94391   | <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>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> |   | M   | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 4 |  | 2 | 0 | 1 | 1 |
| M                       | M  | /   | D | D   | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                       | 5  |   | 0 | 4   |   | 2 | 0 | 1 | 1 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Purpose of Disbursement advertising  | Amount of Each Disbursement this Period   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table>   |   | 001 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001                     |  |   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                         | State: District:   | [MEMO ITEM]   |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |  |      |
|--|---|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | <table border="1"><tr><td>0.00</td></tr></table> | 0.00 |
| 0.00   |   |  |      |
| <b>TOTAL</b> 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)<br>Facebook Advertising  | Transaction ID: SB21B.15227<br>Date of Disbursement   |
|    | Mailing Address 151 University Ave   | <input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/> |
|    | City Palo Alto State CA Zip Code 94391   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement advertising  | <input type="text" value="30.58"/>  |
|    | Candidate Name   | [MEMO ITEM]   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Fairfax Professional Village  | Transaction ID: SB21B.15230<br>Date of Disbursement   |
|    | Mailing Address 4240 Chain Bridge Road   | <input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/> |
|    | City Fairfax State VA Zip Code 22030   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement condo fee  | <input type="text" value="43.00"/>  |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Fairfax Professional Village  | Transaction ID: SB21B.15231<br>Date of Disbursement   |
|    | Mailing Address 4240 Chain Bridge Road   | <input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/> |
|    | City Fairfax State VA Zip Code 22030   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement condo fee  | <input type="text" value="192.60"/>   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="235.60"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Susan L Falconer</p> <p>Mailing Address 9545 Hunt Sq Ct</p> <p>City Springfield State VA Zip Code 22153</p> <p>Purpose of Disbursement Executive Director fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.15271</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>                         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Giant Food</p> <p>Mailing Address Lee Highway</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement food for volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> SB21B.15116</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="04"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="45.77"/></p> <p>Category/Type: <input type="text" value="003"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Giant Food</p> <p>Mailing Address Lee Highway</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement food for volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> SB21B.15228</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="04"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.40"/></p> <p>Category/Type: <input type="text" value="001"/></p> <p><b>[MEMO ITEM]</b></p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="2000.00"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text" value=""/></p>        |

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

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

FOR LINE NUMBER: (check only one)

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

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

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Office Depot</p> <p>Mailing Address 2200 Old Germantown Road</p> <p>City Delray Beach State FL Zip Code 33445</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.15119</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.76"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Political Media Inc</p> <p>Mailing Address 406 First St</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement webhosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> SB21B.15225</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>                          |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>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 web hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> SB21B.15217</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></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)<br>Red Wired and Blue  | Transaction ID: SB21B.15233<br>Date of Disbursement<br>05 / 18 / 2011  |
|    | Mailing Address 4246 Chain Bridge Rd   | Amount of Each Disbursement this Period<br>350.00  |
|    | City Fairfax State VA Zip Code 22030   |  |
|    | Purpose of Disbursement political consultant - database work<br>Candidate Name   | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>REPUBLICAN NATIONAL COMMITTEE   | Transaction ID: SB21B.15123<br>Date of Disbursement<br>05 / 04 / 2011  |
|    | Mailing Address 310 FIRST STREET SE  | Amount of Each Disbursement this Period<br>41.40   |
|    | City WASHINGTON State DC Zip Code 20003  |  |
|    | Purpose of Disbursement office supplies<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br>State Farm Insurance Companies  | Transaction ID: SB21B.15229<br>Date of Disbursement<br>05 / 11 / 2011  |
|    | Mailing Address 1500 State Farm Blvd.  | Amount of Each Disbursement this Period<br>375.00  |
|    | City Charlottesville State VA Zip Code 22909   |  |
|    | Purpose of Disbursement insurance<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>725.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

